

**Order Form - SELF MANAGED SUPERANNUATION FUND - UPDATE OF DEED - July 2019**

<b>YOUR FIRM</b>			
<b>YOUR NAME</b>			
<b>DELIVERY ADDRESS</b>			
<b>DATE</b>	<b>PHONE NO.</b>	<b>FAX NO.</b>	<b>EMAIL ADDRESS</b>

<b>OPTION 1</b> Deed in triplicate <input type="checkbox"/> Yes \$350 (Hardcopy)	<b>OPTION 2</b> Electronic Deed Only <input type="checkbox"/> Yes \$320	<b>EXTRAS</b> Deed (Hardcopy) <input type="checkbox"/> Yes \$10 Deed (Electronic) <input type="checkbox"/> Yes \$10
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<b>Full Name of the Super Fund</b>	
<b>Date of Original Super Fund</b>	
<b>Dates of Previous Variations (if any)</b>	
<b>Specify Clause in the Super Deed Enabling the Deed to be Amended</b>	
<b>The laws of Which State Apply to this Document</b>	
<b>Effective Date of this Document</b>	

**NAME AND ADDRESS OF TRUSTEE(S)**

<b>Full Name</b> (1st Trustee)	
<b>Address</b>	
<b>ACN</b> (if applicable)	<b>Chairman</b> (if applicable)

<b>Full Name</b> (2nd Trustee)	
<b>Address</b>	

**FUND MEMBERS**

<b>Full Name</b> (1 <sup>ST</sup> Member)	
<b>Address</b>	
<b>Full Name</b> (2nd Member)	
<b>Address</b>	

<b>Employer Sponsor of the Fund</b> (if relevant)	
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**CREDIT CARD PAYMENT**

<input type="checkbox"/> MasterCard	Credit Card No.	Expiry Date	Amount \$
<input type="checkbox"/> Visa			
Cardholder's Name		Cardholder's Signature	