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Order Form – SELF MANAGED SUPER FUND - DEED OF VARIATION - July 2019

YOUR FIRM			
YOUR NAME			
DELIVERY ADDRESS			
DATE	PHONE NO.	FAX NO.	EMAIL ADDRESS

OPTION 1 Deed in triplicate <input type="checkbox"/> Yes \$320 (Hardcopy)	OPTION 2 Electronic Deed Only <input type="checkbox"/> Yes \$290	EXTRAS Deed (Hardcopy) <input type="checkbox"/> Yes \$10 Deed (Electronic) <input type="checkbox"/> Yes \$10
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Full Name of the Super Fund	
Date of Original Super Fund	
If the Super Deed has been amended, insert date(s) of amendment	
Specify Clause in the deed enabling a change of the terms of the Deed	
Specify Clause in the Deed enabling the Trustee to Resign or be Replaced	
Effective Date of Deed of Variation	
If you are changing the name of the Fund, insert the new name	

SMSF Current Intent

If you are altering either Trustees or Members please select the most appropriate description below).
(Please indicate)

- Fund currently (before variation) has a corporate trustee, new members are to join & members are to be directors of current corporate trustee
- Fund has a corporate trustee, new members are to join, corporate trustee is to resign and be replaced by the members
- Fund has a corporate trustee, that is to resign and be replaced by the members
- The existing fund members are the trustees of the fund, new members are to join and also become trustees
- The existing fund members are the trustees, new members are to join, trustees are to resign and be replaced by a corporate trustee
- The existing fund members are the trustees, they are to resign and be replaced by a corporate trustee
- Fund currently has two trustees, one a member the other a relative, that are to be replaced by a corporate trustee
- Fund has a corporate trustee that is to resign and be replaced by another corporate trustee

The Laws of which State apply to this doc.	
Year this Document is to be Signed	

Employer Sponsor of the Fund (if relevant)

Full Name	
A.C.N. (if relevant)	
Full Address	
Chairman of the Board (if relevant)	

ORDER FORM – SELF MANAGED SUPER FUND - DEED OF VARIATION (CONTINUED)

Current Corporate Trustee of the Fund (if relevant)

Full Name	
A.C.N. (if relevant)	
Full Address	
Chairman of the Board (if relevant)	

New Corporate Trustee of the Fund (if relevant)

Full Name	
A.C.N. (if relevant)	
Full Address	
Chairman of the Board (if relevant)	

Details of the Trustee of the Fund that is not a Member

Full Name	
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Current Fund Member 1

Full Name	
Full Address	

Current Fund Member 2 (if relevant)

Full Name	
Full Address	

Current Fund Member 3 (if relevant)

Full Name	
Full Address	

Current Fund Member 4 (if relevant)

Full Name	
Full Address	

New Fund Member 1

Full Name	
Full Address	

New Fund Member 2 (if relevant)

Full Name	
Full Address	

New Fund Member 3 (if relevant)

Full Name	
Full Address	

CREDIT CARD PAYMENT

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