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Instructions for Update to Self Managed Superannuation Fund

Your details

Name	Date
Organisation	ACN/ABN
Delivery Address	
Phone	
Email	
Your Ref No.	

Delivery options

(please tick the appropriate box)

☐ DIY Print - Please deliver all documents to me via e-mail **$330***

☐ Hard copy - Please print and deliver all documents to me via express post **$385***

***Prices are GST inclusive. Prices do not include any stamp duty that may be payable.**

Order Instructions

The SMSF Trust Deed will be amended. It is important to read the current Trust Deed to establish whether there are any particular requirements that must be complied with before amending the Trust Deed or any particular method for amending the Deed. We will arrange for a solicitor to review the Trust Deed.

Accordingly, please:

- **complete** the **order form**; and
- **forward** to us the **original Trust Deed** and any **amendments** that have been made (these will be returned).

Fund Details

Name of Fund
State/ Territory of Fund
Date of Fund

Trustee Details
[Corporate Trustee or Individual Trustee[s]]

☐ Company

Name & ACN

Registered Office Address

Full Name of Each Director: Address:

☐ Individual Trustee(s)

Full Name: Address:

Member(s)

Full Name

Contributing Employer
(if any)

Name ACN

Stamping

The Deed of Variation may be required to be stamped in the relevant jurisdiction. Please advise if you require our assistance with this process and we can provide you with a quote to do so.

Logo

Would you like us to include your logo on the documents?

☐ Yes - please e-mail to us your logo for insertion

☐ No – we will include the Document Shop logo

Other requirements

(if any)

Acceptance of terms and conditions

☐ By ticking this box, I/we acknowledge that I/we have read and agree to the Document Shop Pty Ltd *terms and conditions and acknowledgement* [available on our website at www.documentshop.com.au or contact us at info@documentshop.com.au and we will e-mail or post a copy to you].

Payment

Please debit the following credit card by the amount of $ _____(GST inclusive):

Type of Card ☐ Mastercard ☐ Visa ☐ Bankcard

Card Number_____ Expiry Date_____CSC_____

Name on Card_____ Signature_____

Please return this order form to info@documentshop.com.au.
Your order will be processed once payment has been received.