

Request the services of Superannuation Accounting Services to upgrade my SMSF's trust deed

**UPGRADE MY SMSF'S TRUST DEED.**

**ABOUT YOUR SELF MANAGED SUPERFUND**

Please complete the below.

existing client       new client

**Fund details**

Fund name	<input type="text"/>		
Address	<input type="text"/>	<input type="checkbox"/> Send all correspondence to this address. <input type="checkbox"/> Send all correspondence to main contact person (below).	
	<input type="text"/>		
Fund ABN	<input type="text"/>		

**Main contact details**

I am a     trustee     financial adviser     other

Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>	Telephone (after hours)	<input type="text"/>
	<input type="text"/>	Mobile	<input type="text"/>
Postal address (if different)	<input type="text"/>	Email	<input type="text"/>
	<input type="text"/>		<input type="text"/>

**Trustee details** (complete either section A or section B only)

**Section A - Individuals as trustees**

Trustee 1	<input type="text"/>	Date of birth	<input type="text"/>
Trustee 2	<input type="text"/>	Date of birth	<input type="text"/>
Trustee 3	<input type="text"/>	Date of birth	<input type="text"/>
Trustee 4	<input type="text"/>	Date of birth	<input type="text"/>

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**Trustee details** (complete either section A or section B only)

**Section B - Corporate trustee**

Company name	<input type="text"/>		
ACN/ABN	<input type="text"/>	<input type="checkbox"/>	This company is a sole purpose company that only acts as trustee of the Fund
Director 1	<input type="text"/>	Date of birth	<input type="text"/>
Director 2	<input type="text"/>	Date of birth	<input type="text"/>
Director 3	<input type="text"/>	Date of birth	<input type="text"/>
Director 4	<input type="text"/>	Date of birth	<input type="text"/>

**Members**

Member 1	<input type="text"/>	Date of birth	<input type="text"/>
Member 2	<input type="text"/>	Date of birth	<input type="text"/>
Member 3	<input type="text"/>	Date of birth	<input type="text"/>
Member 4	<input type="text"/>	Date of birth	<input type="text"/>

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**TRUSTEE AGREEMENT**

The Trustee acknowledges that the Trustees are liable to pay the fees to Superannuation Accounting Services for the service provided and are authorised to act on behalf of the Fund.

Date

Signature of trustee/ director

Signature of trustee/ director

Signature of trustee/ director

Signature of trustee/ director

**PAYMENT (NON-REFUNDABLE)**

Enclosed a cheque made payable to Superannuation Accounting Services

Credit card payment by:  Visa  Mastercard  Bankcard Expiry

Card number

Please charge  \$

Signature

**RETURNING THE FORM**

Fax completed form to:  
(02) 9221 0564

Post completed form to:  
Superannuation Accounting Services  
GPO Box 4534  
Sydney NSW 2001

Deliver in person:  
Level 5  
34 Hunter Street  
Sydney NSW 2000

Remember to attach a copy of current SMSF trust deed when returning the form.