

CHANGE OF FUND NAME CHANGE OF TRUSTEE CHANGE TO FUND ASSOCIATES TRUST DEED AMENDMENT SERVICE FORM



Complete and return this form to Heffron at: documentservices@heffron.com.au OR PO Box 200 Maitland NSW 2320

PLEASE COMPLETE THE FOLLOWING SECTIONS FOR ALL SERVICES: A, B, C, H, J, K

ADDITIONALLY, PLEASE SELECT AND COMPLETE THE RELEVANT SECTIONS FOR THE SPECIFIC SERVICE YOU REQUIRE:

CHANGE OF FUND NAME: D

CHANGE OF TRUSTEE: E, F, G (if applicable)

CHANGES TO FUND ASSOCIATES – ADD MEMBER/DIRECTOR: E

CHANGES TO FUND ASSOCIATES – REMOVE MEMBER/DIRECTOR: G

TRUST DEED AMENDMENT – NO ADDITIONAL SECTION NEEDED

SECTION A: ACCOUNTANT/ADVISER DETAILS (Please start at Section B if not applicable)

Contact Person		Company			
Postal Address					
Suburb		State		Postcode	
Phone		Email			
Mobile Phone		Cc Email			
Please select how you would like to receive the documents		Email	OR	Post	
Please select who should receive the documents		Accountant/Adviser	OR	Trustee 1	

SECTION B: FUND DETAILS

Fund Name		ABN	
Please attach the following:			
The Fund's current Trust Deed (and where applicable, previous Trust Deed(s))			
Any previous change of trustee documents			
A copy of the latest ASIC company statement (for corporate trustee). A fee may apply if not provided			

SECTION C: CURRENT ASSOCIATE DETAILS

If Corporate Trustee	Name		ACN	
Registered Office Address				
Suburb		State		Postcode
INDIVIDUAL 1	Director	Trustee	Member	
Full Legal Name			Title	
Residential Address				
Suburb		State		Postcode
Postal Address	As above			
Suburb		State		Postcode
Email				
Phone		Mobile		

INDIVIDUAL 2	Director	Trustee	Member		
Full Legal Name				Title	
Residential Address					
Suburb		State		Postcode	

NOTE: If there are more than two individuals, please copy this page

SECTION D: CHANGE OF FUND NAME

New Fund Name	
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SECTION E: NEW ASSOCIATE DETAILS

Individual Trustees					
Existing Corporate Trustee					
Name			ACN		
New Corporate Trustee (Heffron to establish a sole purpose SMSF company)					
Preferred Name					
Alternate Name					
Registered Office Address					
Suburb		State		Postcode	
Would you like Heffron to be the ASIC agent and Registered office?	Yes		No		
Occupier (if not the company)					
Principal Place of Business Address					
Suburb		State		Postcode	
ASIC requires full <u>physical</u> address details and will not accept a PO Box, property name or Mail Service number. If rural property, please provide the name of the access road to the property					
Consents of Officers & Shareholders	The officer(s) and shareholder(s) listed below consent to act in the capacities for which they are listed				
	Yes	No			
Shareholdings	If special purpose company, only ordinary shares are allowed under the constitution				
Each director will be issued with 1 x \$1 ordinary share unless otherwise specified					
INDIVIDUAL 1					
Capacity	Director	Secretary	Public Officer	Trustee	Member
Shareholdings	Share class		Number of Shares		
Full Legal Name				Title	
Date of Birth (dd/mm/yyyy)		Place of Birth			
Residential Address					
Suburb		State		Postcode	
INDIVIDUAL 2					
Capacity	Director	Secretary	Public Officer	Trustee	Member
Shareholdings	Share class		Number of Shares		
Full Legal Name				Title	
Date of Birth (dd/mm/yyyy)		Place of Birth			
Residential Address					
Suburb		State		Postcode	

NOTE: If there are more than two individuals, please copy this page

SECTION F: FUND ASSETS

Where does the Fund hold assets? (Select all that apply)									
NSW	QLD	VIC	WA	SA	TAS	NT	ACT	Overseas	
What types of assets?									
Real Estate	Shares	Cash	Other:						

SECTION G: EXITING INDIVIDUAL DETAILS

Full Legal Name				Exiting Date	
Capacity	Director	Secretary	Shareholder	Trustee	Member
Shareholdings	Share class		Number of Shares		
Transferee Details					
Full Legal Name				Title	
Residential Address					
Suburb		State		Postcode	

NOTE: If there is more than one individual, please copy this page

SECTION H: ADDITIONAL PARTIES TO THE CURRENT TRUST DEED THAT ARE STILL ACTIVE

What is the role of the entity	Principal Employer	Employer	Founder	EPoA	Alternate Director
What is the name of the entity	Company Name			ACN	
	Individual Name(s)				

SECTION I: PRIVACY STATEMENT

Heffron SMSF Solutions is committed to protecting the privacy and rights of its customers. Our [Privacy Policy](#) contains important information about how we collect, hold, use and disclose personal information. If you have questions or wish to make a complaint, please contact our Privacy Officer at Heffron SMSF Solutions, PO Box 200, MAITLAND NSW 2320, or via email at privacy.officer@heffron.com.au.

SECTION J: ACKNOWLEDGEMENT

I confirm that the information on this form is correct and I have the authority to request and pay for the services requested on behalf of the superannuation fund.

I acknowledge and understand that unless a Statement of Advice from Heffron recommending the course of action contemplated by these documents has been obtained, Heffron has not reviewed my / our circumstances to determine whether or not such action is appropriate and have simply executed and provided the requested services in accordance with my / our instructions or instructions from my / our adviser(s).

Signature of person authorised to make the above statements on behalf of the member(s) and trustee(s) or director(s) of the corporate trustee

Print name

Date

NB: PAYMENT DETAILS REQUIRED ON NEXT PAGE

SECTION K: PAYMENT DETAILS REQUIRED

Amount: \$		Credit Card	
Cardholder's Name:		Card Number:	
Exp Date:		CCV:	
EFT Transfer	BSB: 082 691 Account: 561309446	Direct Debit Authority in place	
<i>Please attach transaction receipt of payment to service form as confirmation of payment</i>			