

SMSF CHANGE TO TRUSTEES OR NAME

To CST Corporate Solutions Pty Ltd. You are appointed to act as our agent to procure a Trust Deed and ancillary legal documentation from a solicitor, the particulars for such trust deed and legal documents being set out hereunder. In consideration for you acting as our agent, payment of solicitors costs, attending to compilation of materials in a register and delivery of same we shall pay you such amount as agreed.

Fund Name:

New Fund Name:(if applicable)

Date of Establishment of SMSF:

Date of Documents: Leave undated Today's date Future date(enter date)

If you have a copy of the original deed and any amendments please forward these to our office. Deeds vary as to the requirements for making amendments to their governing rules and replacing trustees.

Have you provided copies of the fund's deed(s): yes no

MEMBERS/INDIVIDUAL TRUSTEES DETAILS

Name:

Address:

Town: State Postcode

New Member Resigning Member Continuing Member New Trustee Resigning Trustee Continuing Trustee

Optional Date of Birth (if new member)

Name:

Address:

Town: State Postcode

New Member Resigning Member Continuing Member New Trustee Resigning Trustee Continuing Trustee

Optional Date of Birth (if new member)

Name:

Address:

Town: State Postcode

New Member Resigning Member Continuing Member New Trustee Resigning Trustee Continuing Trustee

Optional Date of Birth (if new member)

Name:

Address:

Town: State Postcode

New Member Resigning Member Continuing Member New Trustee Resigning Trustee Continuing Trustee

Optional Date of Birth (if new member)

Additional instructions for:

Name:

Address:

Town: State Postcode

New Member Resigning Member Continuing Member New Trustee Resigning Trustee Continuing Trustee

RESIGNING CORPORATE TRUSTEE DETAILS (if any)

Name of Trustee:

A.C.N.

Address

NEW CORPORATE TRUSTEE DETAILS (if any)

Name of Trustee:

A.C.N.

Address

Directors (chairman 1st)

Applicant Details:

Firm Name:

Contact Person: Phone:

Postal Add: Fax:

Street Add:

Email Address: tick for PDF Only, No Register

Please Deliver to: Street Address Other:

The applicant hereby accepts full responsibility for any amount payable to CST Corporate Solutions Pty Ltd for the enclosed instructions.

signed: date:

Payment Details:

Chq Encl. Chq in Mail Direct Deposit

or Charge our Credit Card: Visa Mastercard Amount:

Card Number: Expiry Date:

name of cardholder signature

Please fax this order to
or email us at

1300 554 322
orders@cst.com.au