

SMSF DECEASED TRUSTEE/MEMBER INSTRUCTIONS

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.

This form is designed to be used where a trustee & member of an SMSF has passed away and changes need to be made to the structure of the trustee. Along with this completed form please also provide a copy of the original trust deed and any subsequent amendments.

Fund Name:

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

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

DECEASED TRUSTEE/MEMBER'S DETAILS

Name of Deceased Member:.....

Name of Executor:.....

Address (of Executor)

Town:..... State..... Postcode.....

Date of Death.....

Does the deceased trustee still have a balance in the fund? **Y** / **N** If no, when was the final benefit paid out of the member's account (or death benefit pension commenced)?

Did the fund pay, or has it considered, an Anti Detriment Payment? **Y** / **N**

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Additional Instructions for:
(name of Fund)

OTHER TRUSTEES/MEMBERS DETAILS

Name:

Address:

Town: State Postcode

Continuing Member New Member Resigning Member

Continuing Trustee New Trustee Resigning Trustee Director of New Trustee

Name:

Address:

Town: State Postcode

Continuing Member New Member Resigning Member

Continuing Trustee New Trustee Resigning Trustee Director of New Trustee

Name:

Address:

Town: State Postcode

Continuing Member New Member Resigning Member

Continuing Trustee New Trustee Resigning Trustee Director of New Trustee

NEW CORPORATE TRUSTEE DETAILS (if any)

Name of Trustee:

A.C.N.

Address

Please email order form to orders@cst.com.au