

FUND DETAILS

Existing Fund Name	
Fund ABN	
Date of Establishment	
Name of Original Deed Supplier	
Fund Address <i>(This will also be the registered address of your new SMSF trustee company)</i>	

TRUSTEE COMPANY NAME
(must be unique)

Proposed Company Name	
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Have you checked the availability of the company name with ASIC?  [Click here to complete an identical names check](#)

DETAILS OF MEMBER 1 / DIRECTOR 1

Full Name	
Place of Birth	
Date of Birth	Existing Trustee? (tick) <input type="checkbox"/>
Tax File Number	
Residential Address	

Declaration
I hereby declare the following:

- The information provided on this form is true and correct at the time of signing;
- I consent to become a director of the above named superannuation trustee company;
- I accept the proposed constitution of the above named superannuation trustee company

Signature Date:/...../.....
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DETAILS OF MEMBER 2 / DIRECTOR 2

Full Name	
Place of Birth	
Date of Birth	Existing Trustee? (tick) <input type="checkbox"/>
Tax File Number	
Residential Address	

Declaration
I hereby declare the following:

- The information provided on this form is true and correct at the time of signing;
- I consent to become a director of the above named superannuation trustee company;
- I accept the proposed constitution of the above named superannuation trustee company

Signature Date:/...../.....
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DETAILS OF MEMBER 3 / DIRECTOR 3

Full Name	
Place of Birth	
Date of Birth	Existing Trustee? (tick) <input type="checkbox"/>
Tax File Number	
Residential Address	

Declaration

I hereby declare the following:

- The information provided on this form is true and correct at the time of signing;
- I consent to become a director of the above named superannuation trustee company;
- I accept the proposed constitution of the above named superannuation trustee company

Signature

 SIGN HERE

..... Date:/...../.....

DETAILS OF MEMBER 4 / DIRECTOR 4

Full Name	
Place of Birth	
Date of Birth	Existing Trustee? (tick) <input type="checkbox"/>
Tax File Number	
Residential Address	

Declaration

I hereby declare the following:

- The information provided on this form is true and correct at the time of signing;
- I consent to become a director of the above named superannuation trustee company;
- I accept the proposed constitution of the above named superannuation trustee company

Signature

 SIGN HERE

..... Date:/...../.....

PAYMENT DETAILS

Amount	\$1,430 including GST - SMSF Deed Upgrade & New Trustee Company – COMPLETE SERVICE
Card Holder Name	
Credit Card Number	
Expiry Date	Card Type: Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX (3% surcharge) <input type="checkbox"/>
Signature Date:/...../.....

CHECKLIST

Please Provide the Following:

- **Copy of your existing SMSF trust deed**
- All member / director details completed
- All declarations signed and dated
- Completed payment details

Please post this completed form and your trust deed to:

Post:
PO Box 3222
Australia Fair Post Office
SOUTHPORT QLD 4215

Email / Fax:
kris@evolvemysuper.com.au
Fax: 07 5528 2200