

## SMSF Change of Trustee

### Contact Details:

Advisor Name: .....

Advisor Company: .....

Postal Address: .....

Phone: ..... Email: .....

### Payment Details:

Enclosed is payment for an SMSF Change of Trustee for \$275.00

Direct Deposit\*     Cheque

**\*If you would like to pay via Direct Deposit, please forward your order to our office first, and we will email you an invoice with our bank account details for payment.**

### Fund Details:

Name of Fund: .....

Registered address of fund: .....

Trustee Meeting Address: .....

Establishment Date:            /   / .....

Trust Deed variation dates:    /   /   ,   /   /   ,   /   /   ,   /   /   .....

ABN of the Fund:                -   -   - .....

State law governing the Fund: .....

### Trustee Details:

Current Trustee Type:             Individuals             Company

New Trustee Type:                 Individuals             Company

Will you be removing any Members from the Fund during the Trustee change?     YES     NO

Will you be admitting any new Members from the Fund during the Trustee change?     YES     NO

## Current Trustee Details (where a Corporate Trustee):

Company name:

.....

ACN:

- -

.....

Registered address:

.....

Company Chairman:

.....

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## Current Individual Trustee / Corporate Trustee Director Details:

### Trustee/Director 1

Title: Full name:

.....

Address:

.....

Date of Birth:

/ /

Gender:

.....

Tax File Number:

- -

.....

Is this person an Individual Trustee **or** a Director of the Corporate Trustee?  INDIVIDUAL TRUSTEE  DIRECTOR

Is this person a member of the Fund?  YES  NO

### Trustee/Director 2

Title: Full name:

.....

Address:

.....

Date of Birth:

/ /

Gender:

.....

Tax File Number:

- -

.....

Is this person an Individual Trustee **or** a Director of the Corporate Trustee?  INDIVIDUAL TRUSTEE  DIRECTOR

Is this person a member of the Fund?  YES  NO

### Trustee/Director 3

Title: Full name:

.....

Address:

.....

Date of Birth:

/ /

Gender:

.....

Tax File Number:

- -

.....

Is this person an Individual Trustee **or** a Director of the Corporate Trustee?  INDIVIDUAL TRUSTEE  DIRECTOR

Is this person a member of the Fund?  YES  NO



**Trustee/Director 3**

Title: ..... Full name: .....

Address: .....

Date of Birth: / / Gender: .....

Tax File Number: - - .....

Is this person an Individual Trustee **or** a Director of the Corporate Trustee?  INDIVIDUAL TRUSTEE  DIRECTOR

Is this person a member of the Fund?  YES  NO

**Trustee/Director 4**

Title: ..... Full name: .....

Address: .....

Date of Birth: / / Gender: .....

Tax File Number: - - .....

Is this person an Individual Trustee **or** a Director of the Corporate Trustee?  INDIVIDUAL TRUSTEE  DIRECTOR

Is this person a member of the Fund?  YES  NO

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**Members to be removed: (if applicable)**

Member 1 Name: .....

Member 2 Name: .....

Member 3 Name: .....

Member 4 Name: .....

Are any of these members being removed because they have died?  YES  NO

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**Additional Party Details:**

If the Fund has any of the following parties, please complete their details:

Tick party that applies to your Fund -  FOUNDER  PRINCIPAL  PRINCIPAL EMPLOYER  EMPLOYER SPONSOR

Name: .....

ACN: - - .....

Address: .....

If a Company, directors of the Company: .....

Chairman of the Company: .....

## Tax Office Questions:

### Answer the following if the new Trustees are individuals:

- Does the Fund have an individual Trustee who is a legal person representative, or a Parent or guardian acting on behalf of a member under a legal disability?  YES  NO
- Have any of the Trustees been convicted of an offence in respect of dishonest conduct in the Commonwealth or any state, territory or foreign country?  YES  NO
- Has a civil order penalty ever been made in relation to any of the Trustees?  YES  NO
- Are any of the Trustees an undischarged bankrupt?  YES  NO
- Have any of the Trustees been notified that they are a disqualified person by a regulator (APRA or the Commissioner of Taxation)?  YES  NO
- Does the Fund intend to be a self managed superannuation fund for 12 months or longer?  YES  NO

### Answer the following if the new Trustee is a Company:

- Does the Fund have a corporate trustee which has a director who is a legal personal representative or a parent or guardian acting on behalf of a member under a legal disability?  YES  NO
- Does the company know or have reasonable grounds to suspect, that a person who is, or is acting as, a responsible officer of the body corporate is a disqualified person? in the Commonwealth or any state, territory or foreign country?  YES  NO
- Has a receiver, or a receiver and manager of the company been appointed?  YES  NO
- Has the company been placed under official management?  YES  NO
- Has a provisional liquidator of the company been appointed?  YES  NO
- Is the company being wound up?  YES  NO
- Does the Fund intend to be a self managed superannuation fund for 12 months or longer?  YES  NO

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**Please Fax or Email this completed form to Super Registry along with a copy of the Funds most recent Trust Deed:**

**Fax: (03) 8256 0108**

**Email: [info@superregistry.com.au](mailto:info@superregistry.com.au)**