

**INSTRUCTION SHEET TO CHANGE TRUSTEE / ADD MEMBER / RESIGN MEMBER TO AN
EXISTING SELF MANAGED SUPERANNUATION FUND**

Delivery Instructions

Please email documents to the following address:

Please send completed documents to:

Payment Instructions

\$450 by email or \$550 by post

or

\$635 (incl. New Rules) by email or \$735 (incl. New Rules) by post

Please send me a RapidPay reference number for payment prior to delivery

Please charge my credit card (details provided)

Credit Card	Bankcard <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>
<i>(We are unable to process American Express or Diners)</i>	
Card No.	
Expiry Date	
Credit Card CCV No.	
<i>(Last 3 digits after card no. on front or reverse of card – we cannot process your payment without this number)</i>	
Name on Card	
Amount	\$
Cardholder's Signature	

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Where you pay our account by credit card, a surcharge equal to the amount of the merchant's fee may be added and you agree to pay such surcharge.

Please print clearly.

Name of the Superannuation Fund

THE	FUND
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Date Superannuation Fund Established

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Clause Number giving power to change trustee

CLAUSE

IS EXISTING TRUSTEE Company Individuals

IS NEW TRUSTEE Company Individuals

EXISTING MEMBER 1

Name of the Existing Member 1

--

Address of the Existing Member 1

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Is this Existing Member 1 to:

RESIGN or CONTINUE AS A MEMBER OF THE FUND?
--

EXISTING MEMBER 2

Name of the Existing Member 2

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Address of the Existing Member 2

--

Is this Existing Member 2 to:

RESIGN or CONTINUE AS A MEMBER OF THE FUND?
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EXISTING MEMBER 3

Name of the Existing Member 3

Address of the Existing Member 3

Is this Existing Member 3 to:

RESIGN or CONTINUE
AS A MEMBER OF THE FUND?

EXISTING MEMBER 4

Name of the Existing Member 4

Address of the Existing Member 4

Is this Existing Member 4 to:

RESIGN or CONTINUE
AS A MEMBER OF THE FUND?

**USE ONLY IF ADDING NEW MEMBER TO AN EXISTING
SELF MANAGED SUPER FUND**

DETAILS OF THE NEW INDIVIDUAL TRUSTEE(S) / MEMBER(S)

NEW MEMBER 1

Name of the New Member 1

Address of the New Member 1

Date of Birth of New Member 1

Name of New Member 1's Beneficiary (in the event of the Member's death):

Address of the New Member 1's Beneficiary

Percentage of Death Benefit attributable to each Beneficiary

NEW MEMBER 2

Name of the New Member 2

Address of the New Member 2

Date of Birth of New Member 2

Name of New Member 2's Beneficiary (in the event of the Member's death):

Address of the New Member 2's Beneficiary

Percentage of Death Benefit attributable to each Beneficiary

NEW MEMBER 3

Name of the New Member 3

Address of the New Member 3

Date of Birth of New Member 3

Name of New Member 3's Beneficiary (in the event of the Member's death):

Address of the New Member 3's Beneficiary

Percentage of Death Benefit attributable to each Beneficiary

DETAILS OF EXISTING CORPORATE TRUSTEE

Complete only if corporate trustee

Name of Trustee Company:

All Members must be Directors of the trustee company and all Directors must be Members.

ACN of Trustee Company:

Address of Trustee Company:

DETAILS OF NEW CORPORATE TRUSTEE

Complete only if new trustee is to be corporate trustee

Name of New Trustee Company:

All Members must be Directors of the trustee company and all Directors must be Members.

ACN of New Trustee Company:

Address of New Trustee Company: