Change of SMSF trustee order form
Please complete this form and email to Phil Broderick at pbroderick@sladen.com.au or call (03) 96110163 to chat to Phil directly. You will be sent an invoice for payment after we receive this form.

| Contact (enter your contact details here) |  |
| :---: | :---: |
| Name |  |
| Firm |  |
| Tel |  |
| Client (enter your client's contact details here) |  |
| Full name |  |
| Address |  |
| Email \& Tel |  |
| Fund Name \& Deed |  |
| Full name |  |
| Please provide a copy of the following documents: <br> - current deed <br> - the original deed (if possible) <br> - deed(s) of variation (if applicable) <br> - change(s) of trustee (if applicable) |  |
| Members of the Fund (Member 1 will be chair of the meeting of members unless we are instructed otherwise) |  |
| Member 1 |  |
| Address |  |
| Date of Birth |  |
| Member 2 <br> Full Name |  |
| Address |  |
| Date of Birth |  |
| Member 3 <br> Full Name |  |
| Address |  |
| Date of Birth |  |
| Member 4 <br> Full Name |  |
| Address |  |
| Date of Birth |  |
| Existing Trustee(s) |  |
| Full name(s) |  |
| ACN | (if applicable) |
| Address |  |
| Director(s) | (if applicable) |
| Chair | (chair of directors /trustees) |


| Existing Trustee will execute documents as: Natural person |  | $\square$ |  |
| :---: | :---: | :---: | :---: |
| A company with its cons | documents in one of the following ways in accordance | With seal | Without seal |
| Director and <br> Sole directo <br> Sole directo | ector or secretary secretary cretary | $\begin{aligned} & \square \\ & \square \\ & \square \end{aligned}$ | $\begin{aligned} & \square \\ & \square \\ & \square \end{aligned}$ |
| New Trustee(s) |  |  |  |
| Full name(s) |  |  |  |
| ACN | (if applicable) |  |  |
| Address |  |  |  |
| Director(s) | (if applicable) |  |  |
| Chair | (chair of directors /trustees) |  |  |
| New Trustee will execute documents as: Natural person |  | $\square$ |  |
| A company with its cons <br> Director and <br> Sole directo <br> Sole directo | documents in one of the following ways in accordance <br> ector or secretary <br> secretary <br> cretary | With seal | Without seal |
| Employer (If applicable) |  |  |  |
| Full name(s) |  |  |  |
| ACN | (if applicable) |  |  |
| Address |  |  |  |
| Director(s) | (if applicable) |  |  |
| Chair | (chair of directors ) |  |  |
| Employer will execute documents as: $\square \square$ |  |  |  |
| A company with its con Director an Sole director Sole directo | documents in one of the following ways in accordance <br> ector or secretary <br> secretary <br> cretary | With seal | Without seal |

## Special Instructions

