

Order Form: SMSF Variation



This order placed by:

Your Name	Telephone
Name of your firm	Facsimile
Firm address	
Email	

Please complete and return this form to Castle by: **Email** – castle@castlelegal.com.au **Fax** – (03) 9890 6699

Basic Fund Order Details

1. Name of fund	
2. Date Established	DD / MM / YY
3. Variation date required	DD / MM / YY
4. Type of variation required	<input type="checkbox"/> Update <input type="checkbox"/> Name change <input type="checkbox"/> Add a new member <input type="checkbox"/> Other – please specify below

Individual Trustee/s

			Fund Member?
1. Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:		<input type="checkbox"/> Yes
2. Name	Given Names	Last Name	
3. Address			
1. Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:		<input type="checkbox"/> Yes
2. Name	Given Names	Last Name	
3. Address			
1. Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:		<input type="checkbox"/> Yes
2. Name	Given Names	Last Name	
3. Address			
1. Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:		<input type="checkbox"/> Yes
2. Name	Given Names	Last Name	
3. Address			

Corporate Trustee/s

1. Name	2. ACN
3. Registered office	
4. Director Details	
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:	Fund Member?
Name Given Names Last Name	<input type="checkbox"/> Yes
Residential Address	
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:	
Name Given Names Last Name	<input type="checkbox"/> Yes
Residential Address	
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:	
Name Given Names Last Name	<input type="checkbox"/> Yes
Residential Address	

Other Members

Please list any other members not already listed above

1. Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:
2. Name Given Names Last Name
3. Address
4. Represented by (trustee)
1. Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:
2. Name Given Names Last Name
3. Address
4. Represented by (trustee)

Other Individual Parties

1. Name – including title
2. Address
3. Role <input type="checkbox"/> Principal employer <input type="checkbox"/> Founder <input type="checkbox"/> Other - please specify:
1. Name – including title
2. Address
3. Role <input type="checkbox"/> Principal employer <input type="checkbox"/> Founder <input type="checkbox"/> Other - please specify:

Other Corporate Parties

1. Name	2. ACN
3. Registered office	
3. Role	<input type="checkbox"/> Principal employer <input type="checkbox"/> Founder <input type="checkbox"/> Other - please specify:
4. Director Details	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:
Name	Given Names Last Name
Residential Address	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:
Name	Given Names Last Name
Residential Address	

1. Name	2. ACN
3. Registered office	
3. Role	<input type="checkbox"/> Principal employer <input type="checkbox"/> Founder <input type="checkbox"/> Other - please specify:
4. Director Details	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:
Name	Given Names Last Name
Residential Address	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:
Name	Given Names Last Name
Residential Address	

Add a New Member

1. Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:	2. DOB	DD / MM / YY
3. Name	Given Names Last Name		
4. Address			
			Postcode

Add more members on page 4

1. Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other – please specify:	2. DOB	DD / MM / YY
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3. Name	Given Names	Last Name
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4. Address	Postcode
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1. Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other – please specify:	2. DOB	DD / MM / YY
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3. Name	Given Names	Last Name
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4. Address	Postcode
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Please forward a copy of the existing superannuation trust deed with any deeds of variation/amendment which may exist. Those documents will be returned to you with the new documentation.

Declaration I confirm that I have read and understand the standard disclosure statement and costs agreement, which appear on the webpage for Castle Legal Pty Ltd.
Please check box to indicate that you agree

Payment Method

- Cheque with order form** – Please make cheque payable to: Castle Legal Pty Ltd
- Credit Card** – Please complete “Credit Card Authorisation” and return with this form
- Direct deposit to bank** – Account details: NAB; BSB No 083-155; Account 82721-5894
- Credit terms of 30 days** – Approved clients only

Office use only

Incoming work sighted

Compliance with LPA requirements met

Level 2, 2A Cambridge Street
Box Hill VIC
Melbourne 3128
DX 12804 - Box Hill



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