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| ACN 079 220 901admin@banksiacorporate.com.au [www.banksiacorporate.com.au](http://www.banksiacorporate.com.au) Phone (03) 9734 6780**Order Form – SELF MANAGED SUPER FUND – DEED OF VARIATION 2025/26** |  |

# Your Details

|  |  |
| --- | --- |
| Your Firm |        |
| Your Name |       |
| Delivery Address |       |
| Date |       |
| Phone Number |       |
| Email Address |       |
|  |  |
| Option 1 – Deed in Triplicate (Hardcopy) $340 Y/N? |       |
| Option 2 – Electronic Deed Only $310 Y/N? |       |
| Additional Deed (Hard Copy) $22 Y/N? |       |
| Additional Deed (Electronic Copy) $22 Y/N?  |       |

# SMSF Details

|  |  |
| --- | --- |
| Name of Super Fund |        |
| Date of Original Super Deed |       |
| Dates of Any Previous Amendments (if any) |       |
| Clause in the Deed enabling a change of the terms |       |
| Clause in the Deed enabling the Trustee to Resign or be Replaced |       |
| Laws of Which State/Territory Apply to This Document? |       |
| Effective Date of this Deed of Variation |       |
| If you are changing the name of the SMSF, insert the new name |       |
| SMSF Current IntentIf you are altering either Trustees or Members please select the most appropriate description below |
| Fund currently (before variation) has a corporate trustee, new members are to join & members are to be directors of current corporate trustee Y/N? |       |
| Fund has a corporate trustee, new members are to join, corporate trustee is to resign and be replaced by the members Y/N? |       |
| Fund has a corporate trustee that is to resign and be replaced by the members Y/N? |       |
| The existing fund members are the trustees, new members are to join, and also become trustees Y/N? |       |
| The existing fund members are the trustees, new members are to join, trustees are to resign and be replaced by a corporate trustee Y/N? |       |
| The existing fund members are the trustees, they are to resign and be replaced by a corporate trustee Y/N? |       |
| Fund currently has two trustees, one a member the other a relative, that are to be replaced by a corporate trustee Y/N? |       |
| Fund has a corporate trustee that is to resign and be replaced by another corporate trustee Y/N? |       |

#

# Employer Sponsor of the Fund (if relevant)

|  |  |
| --- | --- |
| Full Name |        |
| A.C.N. (if applicable) |       |
| Full Address |       |
| Chairman of the Board (if applicable) |       |

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# Current Corporate Trustee of the Fund (if relevant)

| **Full Name** |       |
| --- | --- |
| **A.C.N. (if relevant)** |       |
| **Full Address** |       |
| **Chairman of the Board (if relevant)** |        |

# New Corporate Trustee of the Fund (if relevant)

| **Full Name** |       |
| --- | --- |
| **A.C.N. (if relevant)** |        |
| **Full Address** |       |
| **Chairman of the Board (if relevant)** |       |

# Details of the Trustee of the Fund that is not a Member

| **Full Name** |       |
| --- | --- |
| **Current Fund Members** |
| **Full Name** |       |
| **Full Address** |       |
|  |  |
| **Full Name** |       |
| **Full Address** |       |
|  |  |
| **Full Name** |       |
| **Full Address** |       |
|  |  |
| **Full Name** |       |
| **Full Address** |       |
| **New Fund Members** |
| **Full Name** |       |
| **Full Address** |       |
|  |  |
| **Full Name** |       |
| **Full Address** |       |
|  |  |
| **Full Name** |       |
| **Full Address** |       |
|  |  |
| **Full Name** |       |
| **Full Address**  |       |
|  |
| **Credit Card Payment** |
| **Cardholder’s Name** |       |
| **Credit Card No.** |       |
| **Expiry Date** |       |
| **Amount** |       |
| **Cardholder’s Signature** |       |

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