



CST Corporate Solutions Pty Ltd

ABN 83 096 444 478
Locked Bag 2, Narellan NSW 2567
Telephone: 1-300 554 321
Facsimile: 1-300 554 322

SUPERANNUATION DEED AMENDMENT INSTRUCTIONS

To CST Sorporate Solutions Pty Ltd. You are appointed to act as our agent to procure a Trust Deed and ancillary legal documentation from a solicitor, the particulars for such trust deed and legal documents being set out hereunder. In consideration for you acting as our agent, payment of solicitors costs, attending to compilation of materials in a register and delivery of same We shall pay you such amount as agreed.

FUND NAME:

DATE OF ORIGINAL DEED

CORPORATE TRUSTEE DETAILS

Name of Trustee:

A.C.N.

Address

Directors (chairman 1st)

Continuing Trustee Resigning Trustee New Trustee

MEMBERS/INDIVIDUAL TRUSTEES DETAILS

Name:

Address:

Town: State Postcode

Member Continuing Trustee New Trustee Resigning Trustee

Is the member an employee of any other member? Yes / No If so, is the member also related to that other member? Yes / No

Name:

Address:

Town: State Postcode

Member Continuing Trustee New Trustee Resigning Trustee

Is the member an employee of any other member? Yes / No If so, is the member also related to that other member? Yes / No

Name:

Address:

Town: State Postcode

Member Continuing Trustee New Trustee Resigning Trustee

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Name:

Address:

Town: State Postcode

Member Continuing Trustee New Trustee Resigning Trustee

Is the member an employee of any other member? Yes / No If so, is the member also related to that other member? Yes / No

We have enclosed a copy of the original trust deed to establish the above fund plus any amendments thereto. We also enclose a copy of the latest ATO annual return showing details of the fund. Please organise an amendment to the Fund's trust deed to reflect the above changes. (Not needed for deed updates only)

This section should be completed by the firm or person ordering the above fund.

Applicant Name:

Contact Person:

Street Address:

Town: State Postcode

Postal Add:

Town: State Postcode

Telephone: Facsimile:

Email Address:

Please Deliver to: Street Address / Postal Address / Other:

Payment Details: Chq Encl. Chq in Mail Direct Deposit On Account (approved applicants only)

or Charge our Credit Card: Bankcard Visa Mastercard Amount:

Card Number: Expiry Date:

name of cardholder signature

Please fax this order to
or post it to us at

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