



**CST Corporate Solutions Pty Ltd**

ABN 83 096 444 478  
Locked Bag 5009, Narellan NSW 2567  
Telephone: 1-300 554 321  
Facsimile: 1-300 554 322

**SMSF RULES UPDATE INSTRUCTIONS**

To CST Corporate 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 Documents:**  Leave undated  Today's date  Future date .....(enter date)

If you have a copy of the original deed and any amendments please forward these to our office. Deeds vary as to the requirements for making amendments to their governing rules.

Have you provided copies of the fund's deed(s):  yes  no

**Applicant Details:**

Firm Name: .....

Contact Person: ..... Phone: .....

Postal Add: ..... Fax: .....

Street Add: .....

Email Address: .....  tick for PDF Only, no printing

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

The applicant hereby accepts full responsibility for any amount payable to CST Corporate Solutions Pty Ltd for the enclosed instructions.

signed: ..... date: .....

**CORPORATE TRUSTEE DETAILS**

Name of Trustee: .....

A.C.N. ....

Address  as above or .....

**MEMBERS/INDIVIDUAL TRUSTEES DETAILS**

Name: .....

Address:  as above or .....

Town: ..... State ..... Postcode .....

Name: .....

Address:  as above or .....

Town: ..... State ..... Postcode .....

Non-member - Trustee or Director of Trustee only (tick if applicable)

Additional Members/Payment attached on second page  yes  no

Additional instructions for .....

Name: .....  
Address:  as above or .....  
Town: ..... State ..... Postcode .....

Name: .....  
Address:  as above or .....  
Town: ..... State ..... Postcode .....

**Payment Details:**       Chq Encl.       Chq in Mail       Direct Deposit  
or Charge our Credit Card:       Visa       Mastercard      Amount: .....  
Card Number: ..... Expiry Date: .....  
name of cardholder ..... signature .....

Please fax this order to      **CST Corporate Solutions Pty Ltd**  
or post it to us at      **Locked Bag 5009**  
   **Narellan NSW 2567**

Fax: 1-300 554 322

If you have indicated that you have provided us with copies of the Fund's deed(s) we will process this order upon receipt of the deeds.