



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 CHANGE TO TRUSTEES OR NAME

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:

NEW FUND NAME:(IF APPLICABLE)

DATE OF ORIGINAL DEED

This is the date the original deed was executed and may be different to the establishment date. Leave blank if unknown.

RESIGNING CORPORATE TRUSTEE DETAILS

Name of Trustee:
A.C.N.
Address
Directors (chairman 1st)

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
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

NEW CORPORATE TRUSTEE DETAILS

Name of Trustee:

A.C.N.

Address

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. (This information only need for changes in trustees)

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

CST Corporate Solutions Pty Ltd
Locked Bag 5009
Narellan NSW 2567

Or fax to 1-300 554 322