APPLICATION TO CHANGE TRUSTEE OF A SUPERANNUATION FUND

Full Name of Fund		
Existing Trustees	Please provide details of the existing trustees	
if individual trustees		
Full Name	Trustee 1	Trustee 2
	Trustee 1	Trustee 2
Address		
	Trustee 1 is Retiring Continuing	Trustee 2 is Retiring Continuing
if corporate trustee		
Full Name of company		
ACN		
Full name of Director	Director 1	Director 2
	Director 1	Director 2
Address		
	Corporate Trustee is Retiring Continuing	
New Trustee	Please provide details of the new trustees	
if individual trustees		
Full Name	Trustee 1	Trustee 2
	Trustee 1	Trustee 2
Address		
if corporate trustee		
Full Name of company		
ACN		
Full Name of Directors	Director 1	Director 2
	Director 1	Director 2
Address		
Why Required?	Please advise why change of trustee is required (eg trustee has died and date of death)	
Members	Please provide details of current members (ie those with a member balance)	
Full Name		Date of Birth
Full Name		Date of Birth
Full Name		Date of Birth
Full Name		Date of Birth

APPLICATION TO CHANGE TRUSTEE OF A SUPERANNUATION FUND (Cont'd)

Employer or Principal as listed in the Trust Deed (if applicable) If employer is a trust, include details of trustee (name, ACN, all directors) Name ACN Full Name of Directors For Stamping Purposes Only Does the fund hold any assets outside of Queensland? ☐ Yes □No If yes, what state? what asset type? **Deed Update?** ☐ Yes □ No Would you like the fund's trust deed to be updated at the same time as changing the trustee? (note, if yes, this will involved an additional cost) Please provide your full contact details **Contact Details** Contact Person Firm Name Firm Postal Address Phone Number Email address ☐ Yes ☐ No Are Documents Urgent? If yes, please provide details why Fund's original Trust Deed/or and any Deeds of Variation or documents previously **Please Attach** changing the trustee (note these documents will be returned to you). Note If you would like to add new members, please complete an Application to Add a Member.