

**LRC[®] DOCS DEED OF CHANGE OF
TRUSTEE OF SUPER FUND AND STAT DEC**
Client Information Sheet

General Details

Date of Deed of Change of
Trustee of Super Fund:

_____ *The date should be the day on which the Trustee signs the deed.*

Who has the power to change trustee: Company Individual(s)

_____ *You need to check the current Deed to find out who has the power to change the trustee.*

Name of Superannuation Fund:

_____ *It is not necessary to include "the" at the start of the name of the fund but please type the name exactly as it appears on the current Deed this may include "Superannuation Fund". If the Superannuation Fund Name includes "The" tick the box within the wizard - DO NOT type it in here.*

Date of Superannuation Fund:

_____ *The date the original SMSF was signed.*

Name of Trustee/s in original
Deed:

_____ *If more than one run on, with commas and "and". If a Company include ACN for example YOUR COMPANY PTY LTD ACN 000 000 000*

Name of current Trustee/s:

_____ *This field is required and could be the same as the Original Trustee/s if no changes have been made to the Trustee/s since establishment. (DO NOT INCLUDE NEW TRUSTEES). If more than one run on, with commas and "and". If individual eg JOHN SMITH, BRETT SMITH and JOSEPH SMITH. If a Company include ACN for example YOUR COMPANY PTY LTD ACN 000 000 000*

Name of continuing Trustee/s:

_____ *Names of trustees that are continuing on in their capacity as trustee (DO NOT INCLUDE NEW TRUSTEES), if no trustees are continuing leave blank*

Clause number in existing Deed allowing power to change trustee:

_____ *This is the clause number that you previously checked to find out who has the power to change trustees. There is no need to include the text "Clause" just the number, eg, 13.*

State of Applicable Law: QLD NSW VIC ACT

ENTITY/INDIVIDUAL WITH POWER TO CHANGE TRUSTEE**If the entity with power to change trustee is a Corporate Entity**

Name and ACN:

_____ *Including ACN for example YOUR COMPANY PTY LTD ACN 000 000 000*

Name of Director to sign Stat Dec:

_____ *Only one direct is required for the Statutory Declaration*

Address of Company Director:

_____ *Only one address is required for the Statutory Declaration, including the State, for example, 100 Queen Street, Brisbane, Queensland*

If the entity with power to change trustee is an Individual(s) (min 1) (max 4)

Address of Individual(s): _____
Only one address is required for the Statutory Declaration. It is suggested that you use the address of the first person, including the State, for example 100 Queen Street, Brisbane, Queensland

Name of First Individual: _____
Whenever an individual is to be referred to their full names should be used (ie including their middle name)

Name of Second Individual: _____

Name of Third Individual: _____

Name of Fourth Individual: _____

NEW TRUSTEE DETAILS

If the new Trustee is a Company (make sure if the new Trustee is a Company that you have already incorporated the Company)

Name and ACN of New Corporate Trustee of the Super Fund: _____
Including ACN for example YOUR COMPANY PTY LTD ACN 000 000 000

Directors (min 1) (max 4)

Name of First Director: _____
Whenever an individual is to be referred to their full names should be used (ie including their middle name)

Address of First Director: _____
Including the State, for example 100 Queen Street, Brisbane, Queensland

Name of Second Director: _____

Address of Second Director: _____

Name of Third Director: _____

Address of Third Director: _____

Name of Fourth Director: _____

Address of Fourth Director: _____

If the new Trustee is an Individual(s) (min 1) (max 4)

Name of First New Trustee: _____
Whenever an individual is to be referred to their full names should be used (ie including their middle name).

Address of First New Trustee: _____
Including the State, for example 100 Queen Street, Brisbane, Queensland

Name of Second New Trustee: _____

Address of Second New Trustee: _____

Name of Third New Trustee: _____

Address of Third New Trustee: _____

Name of Fourth New Trustee: _____

Address of Fourth New Trustee: _____

NEW MEMBER DETAILS

If the Change of Trustee is due to a person becoming a new member of the Super Fund (ie Is the new trustee/s also becoming a new member of the SMSF?) Complete details for new members (max 4)

First New Member

Full Name: _____
Whenever an individual is to be referred to their full names should be used (ie including their middle name).

Address: _____
Including the State, for example 100 Queen Street, Brisbane, Queensland

Date of Birth: _____
Date of Birth of Individual

Is a Product Disclosure Statement Required: Yes No
A Product Disclosure Statement will be required to be given to an incoming member prior to them becoming a member where that person is not to be a trustee or a director of the corporate trustee but is instead to be represented by a legal personal representative.

Beneficiaries (min 1) (max 4) On the establishment of the Fund, each Applicant can nominate a person(s) who will be entitled to receive the benefit payable by the trustee of the SMSF in the event of the death of the Applicant.

Name of First Beneficiary: _____

Amount of Entitlement of First Beneficiary: _____
Whilst more than one person can be nominated to receive the benefit payable by the trustee in the event of the death of the Applicant, the percentage entitlement of the total of all beneficiaries for one applicant cannot be greater than 100%. Where two beneficiaries are nominated, each beneficiary's entitlement should be expressed as 50%. Please do not include "%" at the end of the figure.

Name of Second Beneficiary: _____

Amount of Entitlement of Second Beneficiary: _____

Name of Third Beneficiary: _____

Amount of Entitlement of Third Beneficiary: _____

Name of Fourth Beneficiary: _____

Amount of Entitlement of Fourth Beneficiary: _____

Second New Member

Full Name: _____

Address: _____

Date of Birth: _____

Is a Product Disclosure Statement Required: Yes No

***Beneficiaries (min 1) (max 4)** On the establishment of the Fund, each Applicant can nominate a person(s) who will be entitled to receive the benefit payable by the trustee of the SMSF in the event of the death of the Applicant.*

Name of First Beneficiary: _____

Amount of Entitlement of First Beneficiary: _____

Name of Second Beneficiary: _____

Amount of Entitlement of Second Beneficiary: _____

Name of Third Beneficiary: _____

Amount of Entitlement of Third Beneficiary: _____

Name of Fourth Beneficiary: _____

Amount of Entitlement of Fourth Beneficiary: _____

Third New Member

Full Name: _____

Address: _____

Date of Birth: _____

Is a Product Disclosure Statement Required: Yes No

***Beneficiaries (min 1) (max 4)** On the establishment of the Fund, each Applicant can nominate a person(s) who will be entitled to receive the benefit payable by the trustee of the SMSF in the event of the death of the Applicant.*

Name of First Beneficiary: _____

Amount of Entitlement of First Beneficiary: _____

Name of Second Beneficiary: _____

Amount of Entitlement of Second Beneficiary: _____

Name of Third Beneficiary: _____

Amount of Entitlement of Third Beneficiary: _____

Name of Fourth Beneficiary: _____

Amount of Entitlement of Fourth Beneficiary: _____

Fourth New Member

Full Name: _____

Address: _____

Date of Birth: _____

Is a Product Disclosure Statement Required: Yes No

***Beneficiaries (min 1) (max 4)** On the establishment of the Fund, each Applicant can nominate a person(s) who will be entitled to receive the benefit payable by the trustee of the SMSF in the event of the death of the Applicant.*

Name of First Beneficiary: _____

Amount of Entitlement of First Beneficiary: _____

Name of Second Beneficiary: _____

Amount of Entitlement of Second Beneficiary: _____

Name of Third Beneficiary: _____

Amount of Entitlement of Third Beneficiary: _____

Name of Fourth Beneficiary: _____

Amount of Entitlement of Fourth Beneficiary: _____