



SUPERANNUATION FUND DEED UPGRADE ORDER FORM

NAME: Leesah Heslop
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FREECALL 1800 773 477

FUND DETAILS

Name of Fund YOUNGS SUPER FUND

Date of original Deed 16 APRIL 2003

Date of Last Amendment

Please submit a copy of the original fund deed (and any documents that have amended it) together with this order form

TRUSTEES AND MEMBERS

Corporate Trustee Details (if applicable)

Company Name _____ ACN _____

Address _____

ALL Directors are Members ☐ YES or ☐ NO

ALL Members are Directors ☐ YES or ☐ NO

(if NO, provide) Full Name _____ ☐ DIRECTOR ☐ SECRETARY

#1 To be Primary Contact
Full Name JENNIFER RAE YOUNG
Address PO BOX 288
CORINDA QLD 4075
Email Address _____ (for service of notices)
Role/s Held ☒ INDIVIDUAL TRUSTEE ☒ MEMBER

#2
Full Name PETER YOUNG
Address PO BOX 254
CORINDA QLD 4075
Role/s Held ☒ INDIVIDUAL TRUSTEE ☒ MEMBER

#3
Full Name _____
Address _____
Role/s Held ☐ INDIVIDUAL TRUSTEE ☐ MEMBER

#4
Full Name _____
Address _____
Role/s Held ☐ INDIVIDUAL TRUSTEE ☐ MEMBER

PRINCIPAL EMPLOYER / OTHER PARTY

Full Name _____
☐ PRINCIPAL EMPLOYER ☐ OTHER (list type of role) _____

PAYMENT DETAILS: Please debit the following card details by the amount of \$ 286.00

TYPE OF CARD: Visa ☒ Mastercard ☐ *Diners Club ☐ *Amex ☐ *3% surcharge applies

CARD NUMBER: 4072 2090 2246 9201

EXPIRY DATE: (06 / 14)

NAME ON CARD: Salvatore Greco

SIGNATURE:

Please return this form and any documents requested above to:

FREEFAX 1800 655 556 or Locked Bag 1, Fortitude Valley BC Qld 4006