



Change of details for superannuation entities

Use this form to change the following details for a superannuation entity:

- entity type
- Australian Prudential Regulation Authority (APRA) fund type
- structure
- Australian superannuation fund status
- entity name / other name
- address
- authorised contact person
- associates (trustees, members, directors of corporate trustees, legal personal representatives), or
- financial account details.

This form can also be used by superannuation entities to:

- elect to be regulated under the *Superannuation Industry (Supervision) Act 1993*
- become a self-managed superannuation fund, or
- become an APRA regulated superannuation fund.

For information on other ways you can change or update your details, see page 2 of the Instructions.

❗ In this form, 'entity' and 'entities' are terms used to refer to the superannuation fund or trust that is changing its details.

❗ We will only process this form if you are recorded with us as being authorised to update details on behalf of the entity.

❗ Refer to the instructions to help you complete this form.

- Print clearly using a black or dark blue pen.
- Use BLOCK LETTERS and print one character per box.
- Place in all applicable boxes.
- Do not use correction fluid or covering stickers.

Section A: Entity information

1 What is the entity's Australian business number (ABN) or tax file number (TFN)?

➤ Refer to 'The Australian Business Register and your privacy' on page 8 of the Instructions.

ABN

or

TFN

2 What is the entity's legal name as it appears on the Australian Business Register?

THE TRUSTEE FOR OREL SUPERANNUATION
FUND

3 From what date do you want the changes to take effect?

Day / Month / Year
 / /

Section B: Do you want to change the entity type?

No Go to Section C

Yes Complete this section

4 What is the new entity type? (place in one box only)

➤ See Instructions page 2

An ATO regulated self-managed superannuation fund Go to Section D

An Australian Prudential Regulation Authority (APRA) regulated superannuation fund Go to Section C

Section C: Are you electing to become an APRA fund or changing your APRA fund type?

No Go to Section D

Yes Complete this section

5 What is the new APRA fund type? (place in one box only)

➤ See Instructions page 3

Public offer fund

Small APRA fund

Non-public offer fund

Approved deposit fund

Public sector fund

Pooled superannuation trust

Public sector superannuation scheme

Section D: Do you want to change the entity's structure?

This question must be answered if you have notified a change of entity type in Section B or you are adding or removing a member for self-managed funds.

No Go to Section E

Yes Complete this section

6 What is the entity's new structure? (place in one box only)

➤ See Instructions page 4

Accumulation fund

Defined benefit fund

Both accumulation and defined benefit fund

If the entity is an APRA regulated superannuation fund, how many defined benefit members does the entity have?

! Do not include accumulation members in this total.

Section E: Do you want to change the entity's residency status?

(That is, the entity became or ceased to be an Australian superannuation fund for tax purposes.)

No Go to Section F

Yes Complete this section

7 What is the new residency status of the entity?

➤ See Instructions page 4

Australian superannuation fund

Foreign superannuation fund

10 Do you want to remove a name?

No Go to Section H

Yes What name do you want to remove?

Grid of 60 empty boxes for name removal details.

If you want to remove more than one name, provide the details on a separate sheet of paper and include with this form. Include the name (provided at question 2) and ABN of the entity on each sheet. Title the additional sheets of paper with the heading, 'Other names to be removed'.

Section H: Do you want to update the entity's address details?

This section should be used to change the main business address, postal address or email address of the entity. Only provide address details for those addresses that need updating.

No Go to Section I

Yes Complete this section

11 Where is the entity's new main business location or address?

This must be a street address, for example, 123 Smith St.

It cannot be a post office box number, roadside mail bag, roadside delivery or other delivery point address.

Form for question 11 including fields for Suburb/town/locality, State/territory, Postcode, and Country if outside Australia.

12 What is the entity's new postal address for service of notices and correspondence?

This is the address where government departments and agencies will send notices and correspondence. The address will also be made publicly available on Super Fund Lookup at www.business.gov.au

See Instructions page 5

As above If the entity's new postal address is the same as the new main business address, cross this box.

Form for question 12 including fields for Suburb/town/locality, State/territory, Postcode, and Country if outside Australia.

Detach form here

13 What is the entity's new email address for service of notices and correspondence?

This is the address where government departments and agencies may send notices and correspondence.

Use BLOCK LETTERS and print one character per box. Provide only one email address.

➤ See Instructions page 5

Grid of 40 empty boxes for email address input.

14 Which matters should the entity's new address apply to? (place in all applicable boxes)

ABN Income tax
Goods and services tax (GST) Superannuation accounts
Pay as you go (PAYG) withholding

Section I: Do you want to update the entity's contact person?

No Go to Section J

Yes Complete this section

15 Who is the new authorised contact person for the entity?

Provide details of a person who may be contacted for further information. They must be authorised to make changes or update information on behalf of the entity, for example, a registered tax or BAS agent.

For more information about what an authorised contact can do on your behalf, visit www.ato.gov.au/authorisedperson

Title: Mr Mrs Miss Ms Other

Family name

Preferred name

Position held

Business hours phone number (a contact number must be provided)

Mobile phone number

After hours phone number

Fax number

Email address of contact person (use BLOCK LETTERS)

Preferred language, if other than English. We may not be able to speak to the contact person in their preferred language at all times.

➤ If you have nominated a registered tax or BAS agent as the new authorised contact person, provide their registration number

16 Which matters is the new authorised contact person permitted to deal with on behalf of the entity?

(place in all applicable boxes)

ABN Income tax
GST Superannuation accounts
PAYG withholding

21 Is the new associate a corporate trustee?

No Go to question 22

Yes Provide corporate trustee details below

Full name of the corporate trustee

G N E Z D O J A J C E P T Y L T D

Australian Company Number (ACN) or Australian Registered Body Number (ARBN)

The corporate trustee's ACN or ARBN must be provided.

0 9 9 8 3 5 6 7 7

Tax file number

Refer to the 'Tax file number disclosure' on page 6 of this form.

22 Do you want to add individuals associated with the entity?

No Go to question 24

Yes Provide details below of the individual associates you want to add.

Individuals include:

- trustees
members of the self-managed superannuation fund
directors of the corporate trustee (for self-managed superannuation funds only), and
legal personal representatives.

You may be contacted to provide further evidence to confirm the appointment of a legal personal representative.

INDIVIDUAL ONE

All position/s held (place X in all applicable boxes)

Individual trustee Director of the corporate trustee Member of self-managed superannuation fund Legal personal representative

Name

Title: Mr Mrs Miss Ms Other

Family name

First given name Other given names

Tax file number Refer to the 'Tax file number disclosure' on page 6 of this form.

Date of birth Sex Male Female

INDIVIDUAL TWO

All position/s held (place X in all applicable boxes)

Individual trustee Director of the corporate trustee Member of self-managed superannuation fund Legal personal representative

Name

Title: Mr Mrs Miss Ms Other

Family name

First given name Other given names

Tax file number Refer to the 'Tax file number disclosure' on page 6 of this form.

Date of birth Sex Male Female

23 Do you want to add more individuals associated with the entity?

No Go to question 24

Yes Provide these details on a separate sheet of paper:
■ title each page with 'Add associates'
■ the ABN and legal name of the entity
■ all information we request at question 22.

24 Do you want to remove a corporate trustee of the entity?

No Go to question 25

Yes Provide details below of the corporate trustee you want to remove.

Full name of the corporate trustee

Grid of boxes for full name of the corporate trustee, consisting of four rows of 25 boxes each.

Australian Company Number (ACN) or Australian Registered Body Number (ARBN)

! The corporate trustee's ACN or ARBN must be provided.

Grid of boxes for ACN or ARBN, consisting of three groups of three boxes each.

Tax file number

➤ Refer to the 'Tax file number disclosure' on page 6 of this form.

Grid of boxes for tax file number, consisting of three groups of three boxes each.

25 Do you want to remove an individual associated with the entity?

No Go to Section K

Yes Provide details below of the individual associate you want to remove.

All position/s held (place in all applicable boxes)

Individual trustee Director of the corporate trustee Member of self-managed superannuation fund Legal personal representative

Name

Title: Mr Mrs Miss Ms Other

Family name

Grid of boxes for family name, containing the text "OREL" in the first few boxes.

First given name

Grid of boxes for first given name, containing the text "PETER" in the first few boxes.

Other given names

Grid of boxes for other given names, containing the text "ROBERT" in the first few boxes.

Tax file number **➤** Refer to the 'Tax file number disclosure' on page 6 of this form.

Date of birth Day / Month / Year

Sex Male Female

26 Do you want to remove more than one individual associated with the entity?

No Go to Section K

Yes Provide these details on a separate sheet of paper:
■ title each page with 'Remove associates'
■ the ABN and legal name of the entity
■ all information we request at question 25.

Section N: Self-managed superannuation fund trustee disclosure

Privacy

We are authorised by the *Superannuation Industry (Supervision) Act 1993* to collect the information in this section. This information will be used to assess a person's eligibility to be an individual trustee, a corporate trustee or a responsible officer of a corporate trustee of a self-managed superannuation fund. This information will only be disclosed where permitted by law. Agencies we routinely disclose this information to include the Australian Prudential Regulation Authority and the Australian Securities & Investments Commission.

30 Is the entity a self-managed superannuation fund or electing to become a self-managed superannuation fund?

No Go to Section O

Yes Complete this section

31 Is there an individual trustee who is a legal personal representative, or a parent or guardian acting on behalf of a member under a legal disability?

No

Yes Go to question 33

32 Is there a director of a corporate trustee who is a legal personal representative, or a parent or guardian acting on behalf of a member under a legal disability?

No

Yes Go to question 33

! A legal personal representative does not include a registered tax or BAS agent or accountant unless they meet the definition on page 5 of the Instructions.

33 Does the fund intend to be a self-managed superannuation fund for 12 months or longer?

➤ See Instructions page 7

No

Yes

Trustee disclosure supplementary questions

! These questions must be answered on behalf of all individual trustees, a corporate trustee and responsible officers of a corporate trustee.

Individual trustees of a self-managed superannuation fund

Have any of the trustees been convicted of an offence in respect of dishonest conduct in the Commonwealth or any state, territory or foreign country? No Yes

Has a civil penalty order ever been made in relation to any of the trustees? No Yes

Are any of the trustees an undischarged bankrupt? No Yes

Have any of the trustees been notified that they are a disqualified person by a Regulator (APRA or the Commissioner of Taxation)? No Yes

Corporate trustee of a self-managed superannuation fund

Does the company know or have reasonable grounds to suspect, that a person who is, or is acting as, a responsible officer of the body corporate is a disqualified person? No Yes

Has a receiver, or a receiver and manager of the company been appointed? No Yes

Has the company been placed under official management? No Yes

Has a provisional liquidator of the company been appointed? No Yes

Is the company being wound-up? No Yes

Section O: Declaration

ⓘ Only a person currently on our records as having authority to make changes or update registration details on behalf of the entity can sign this declaration. For more information visit www.ato.gov.au/authorisedperson

34 Who is the authorised person signing this declaration?

(Complete all of the fields below)

Name of signatory

MARK OREL

DIRECTOR OF TRUSTEE COMPANY

Position held

Business hours phone number

0882311888

If the person completing this form is the nominated registered tax or BAS agent, provide your registration number

Before you sign this form

It is important that you have answered all the relevant questions correctly before you sign and date this page.

An incomplete form may delay processing and we may ask you to complete a new application.

⊖ We may impose penalties for giving false or misleading information.

Privacy

We are authorised by taxation laws, including the *Income Tax Assessment Act 1936*, *A New Tax System (Australian Business Number) Act 1999* and *A New Tax System (Goods and Services Tax) Act 1999* to collect the information requested on this form. We need this information to help us administer these Acts and to help us maintain the details relating to you that are recorded in the Australian Business Register (ABR) and other ATO systems.

Where authorised by law to do so, we may give this information to other government agencies including law enforcement and assistance agencies. Selected ABR information may be made publicly available and some may be passed to Commonwealth, state, territory and local agencies, authorised by law to receive it.

You can find a list of these agencies at www.abr.gov.au

I declare that the information given on this form is true and correct.

OR

I declare that:

- this document has been prepared in accordance with information supplied by the entity
- I have received a declaration from the entity authorising me to complete this form and that the information provided to me is true and correct.

ⓘ All new trustees or directors of the corporate trustee, of a self-managed superannuation fund appointed after 30 June 2007 must sign a trustee declaration within 21 days of their appointment (see page 3 of the Instructions).

Signature


You MUST SIGN here

Date

Day / Month / Year
□□ / □□ / □□□□

Lodging this form

Make a copy of this application for your own records before you send it to:

Australian Business Register
PO Box 3373
PENRITH NSW 2740

THE TRUSTEE FOR OREL SUPERANNUATION FUND
ABN 50 380 512 475

CHANGE OF DETAILS FOR SUPERANNUATION ENTITIES

"REMOVE ASSOCIATES"

QUESTION 26 **Do you want to remove more than one individual associated with the entity?**

Mr Mark Orel

TFN 586 942 717

DOB 30.12.1962

Male

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