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## Change of Super Fund Trustee Order Form



Name Leas	a Heslop Phone 07 32635	90D,	
Firm Sam	Greco & CO. E-mail info a ta	xon line.	com-ai
SMSF Details	IMPORTANT: Full, verifiable	names are requir	ed.
	MYSTAR SUPERANNUATION FUNC	<b>)</b> .	
Date of Original Deed	31 MAY 2006 Date of Last Amendment 3	1 JULY	2008
Name of ALL SMSF Members	LUIGI COCO // Carma	ela 66	D
SMSF Address for Meeting	130 Bartholomew Road, ELIM	3 AH 0	4516
	endment to include an update to the governing rules contained in the trust deed?	Yes No	
Does the Fund own Duti	able Property in NSW? Yes No		
Please submit a copy o	f the original trust deed (and any documents that have amended it) together with th	is order form.	S. CO SCHEROSCO CONTROLOGO SANTA PROPRIORIS SANTANA PARAMETERS
Trustee Detai	S IMPORTANT: Full, verifiable	names are requir	ed.
Name (include ACN if Company)			
Officer Names and Roles (First Officer listed to be	Carmela CoCo	Director	(conseq.
Chairman, first 2 Officers to be signatories)		Director	*********
		Director	-
Trustee Position (please select)  Name (include ACN if Company)	APPOINT CONTINUE REMOVE RESIGN OTHER (e.g. death, bank		Secretary
Officer Names	Luigi 6060.	Director	☐ Secretary
and Roles (First Officer listed to be		Director	
Chairman, first 2 Officers to be signatories)		Director	☐ Secretary
		☐ Director	☐ Secretary
Trustee Position (please select)  Name (include ACN if Company)	APPOINT CONTINUE REMOVE RESIGN OTHER (e.g. death, bank	ruptcy)	
Officer Names and Roles (First Officer listed to be Chairman, first 2 Officers to be signatories)	GJUSEPPE COCO.	☐ Director	Secretary
		L. Director	☐ Secretary
		LI Director	Secretary
Trustee Position	APPOINT CONTINUE REMOVE RESIGN OTHER (e.g. death, bank	Director (ruptcy)	LI Secretary



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Trustee Detai Name (include ACN if Company)	ils continued		
Officer Names		Director	☐ Secretary
(First Officer listed to be		promes	Secretary
Chairman, first 2 Officers to be signatories)		20-00000	Secretary
		☐ Director	☐ Secretary
Trustee Position (please select)	APPOINT CONTINUE REMOVE RESIGN OTHER (e.g. death, bankruptcy)		
Name (include ACN if Company)			
Officer Names		☐ Director	☐ Secretary
(First Officer listed to be Chairman, first 2 Officers		☐ Director	Secretary
to be signatories)		☐ Director	Secretary
		☐ Director	Secretary
Trustee Position (please select)	APPOINT CONTINUE REMOVE RESIGN OTHER (e.g. death, bankruptcy)	Classical Control of the Control of	
Name (include ACN if Company)		NAMES OF THE OWNER, OF THE OWNER,	
Officer Names		Director	Secretary
and Roles (First Officer listed to be Chairman, first 2 Officers		Director	2000000
to be signatories)		Director	☐ Secretary
		☐ Director	Secretary
Trustee Position (please select)	APPOINT CONTINUE REMOVE RESIGN OTHER (e.g. death, bankruptcy)		
Principal Emp	loyer/Other Party IMPORTANT: Full, verifiable name	s are requir	ed.
Name (include ACN if Company)	PRINCIPAL EMPLOYER OTHER (list type of role)		THE SECRETARY ASSESSMENT OF THE SECRETARY OF THE SECRETAR
Name			
(include ACN if Company)	PRINCIPAL EMPLOYER OTHER (list type of role)		
Additional Inf	ormation/Special Instructions		n ningan sa ningan n
Please e		m.a	A.I.
	ward hardcopy.		
^	onginal deed. Ta Lees a	I Tivia	ctop
Payment Det		ruvu	SICC.
	e following card details by the amount of \$		
Type of Card	□Visa □ Mastercard □ Diners Club* □ Amex* *3% surcharge applies		
Card Number	Expires		
Name on Card	Signature		
The transfer of the control of the c			