

## **APPLICATION FORM SELF MANAGED SUPERANNUATION FUND (SMSF) – CHANGE OF TRUSTEE**

Please read the following before completing the application form.

### **1. Completing the application form**

By completing and submitting the application form you confirm as follows:

- (a) It is the purchaser's responsibility to ensure that the information supplied is correct.
- (b) If new documents have to be prepared as a result of errors in the information a further fee will be payable.

### **2. Important information**

In accordance with the provisions of the *Superannuation Industry (Supervision) Act 1993* (Cth):

- (a) (other than sole member funds) all trustees of the fund (either as an individual trustee or director of a corporate trustee) must also be members of the fund;
- (b) sole member funds with a corporate trustee – the sole member must be the sole director or one of only two directors (the other director either being a relative or not an employer of the sole member);
- (c) sole member funds with individual trustees – the sole member must be one of only two individual trustees (the other trustee either being either a relative or not an employer of the sole member); and
- (d) the SMSF must not have more than 4 members.

If you have any questions about completing the application form please contact:

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Neal Dallas<br/>Principal<br/>Phone: (07) 3014 6598<br/>Email: <a href="mailto:ndallas@mcw.com.au">ndallas@mcw.com.au</a></li></ul> | <ul style="list-style-type: none"><li>• Taryn Hartley<br/>Senior Associate<br/>Phone: (07) 3014 6513<br/>Email: <a href="mailto:thartley@mcw.com.au">thartley@mcw.com.au</a></li></ul> |
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## APPLICATION FORM SELF MANAGED SUPERANNUATION FUND (SMSF) – CHANGE OF TRUSTEE

PRICES
<input type="checkbox"/> Change the trustees of an SMSF      \$500 (plus GST)

APPLICANT/ADVISER'S DETAILS
Firm name _____
Contact Name _____
Telephone _____ Fax _____
Email address _____
Delivery Address for documents _____
Suburb/City _____ State _____ Postcode _____

SUPERANNUATION FUND DETAILS						
Name of Fund _____						
ABN _____ Date of Establishment _____						
Has the SMSF previously been varied? _____						
Please provide details of all variations to the SMSF and attach copies of these documents.						
<table style="width: 100%;"> <tr> <td style="width: 50%;">Date _____</td> <td style="width: 50%;">Document Title _____</td> </tr> <tr> <td>Date _____</td> <td>Document title _____</td> </tr> <tr> <td>Date _____</td> <td>Document title _____</td> </tr> </table>	Date _____	Document Title _____	Date _____	Document title _____	Date _____	Document title _____
Date _____	Document Title _____					
Date _____	Document title _____					
Date _____	Document title _____					
<b>Please attach a copy of the current SMSF Trust Deed to this application form</b>						

SUPERANNUATION FUND TRUSTEE DETAILS AND MEMBER DETAILS									
CORPORATE TRUSTEE DETAILS									
	Name of Corporate Trustee (inc. ACN/ABN/ARBN) _____ Registered Office Address _____ Suburb / City _____ State _____ Postcode _____								
(A)	List the names of ALL directors <table style="width: 100%;"> <tr><td>1.</td><td>_____</td></tr> <tr><td>2.</td><td>_____</td></tr> <tr><td>3.</td><td>_____</td></tr> <tr><td>4.</td><td>_____</td></tr> </table>	1.	_____	2.	_____	3.	_____	4.	_____
1.	_____								
2.	_____								
3.	_____								
4.	_____								
	This trustee is: <input type="checkbox"/> Resigning <input type="checkbox"/> Continuing <input type="checkbox"/> Being Appointed								
	Name of Corporate Trustee (inc. ACN/ABN/ARBN) _____ Registered Office Address _____ Suburb / City _____ State _____ Postcode _____								
(B)	List the names of ALL directors <table style="width: 100%;"> <tr><td>1.</td><td>_____</td></tr> <tr><td>2.</td><td>_____</td></tr> <tr><td>3.</td><td>_____</td></tr> <tr><td>4.</td><td>_____</td></tr> </table>	1.	_____	2.	_____	3.	_____	4.	_____
1.	_____								
2.	_____								
3.	_____								
4.	_____								
	This trustee is: <input type="checkbox"/> Resigning <input type="checkbox"/> Continuing <input type="checkbox"/> Being Appointed								

## SUPERANNUATION FUND TRUSTEE DETAILS AND MEMBER DETAILS

### INDIVIDUAL TRUSTEES AND MEMBERS DETAILS

(A)	Full Name			
	Tax File Number			
	Residential Address			
	Suburb/City	State	Postcode	
	Date of Birth	Occupation		
	This person is a: (select all that apply)			
	<input type="checkbox"/> Resigning <input type="checkbox"/> Continuing <input type="checkbox"/> Being Appointed <input type="checkbox"/> Individual Trustee / Director of Corporate Trustee <input type="checkbox"/> Member			
(B)	Full Name			
	Tax File Number			
	Residential Address			
	Suburb/City	State	Postcode	
	Date of Birth	Occupation		
	This person is a: (select all that apply)			
	<input type="checkbox"/> Resigning <input type="checkbox"/> Continuing <input type="checkbox"/> Being Appointed <input type="checkbox"/> Individual Trustee / Director of Corporate Trustee <input type="checkbox"/> Member			
(C)	Full Name			
	Tax File Number			
	Residential Address			
	Suburb/City	State	Postcode	
	Date of Birth	Occupation		
	This person is a: (select all that apply)			
	<input type="checkbox"/> Resigning <input type="checkbox"/> Continuing <input type="checkbox"/> Being Appointed <input type="checkbox"/> Individual Trustee / Director of Corporate Trustee <input type="checkbox"/> Member			
(D)	Full Name			
	Tax File Number			
	Residential Address			
	Suburb/City	State	Postcode	
	Date of Birth	Occupation		
	This person is a: (select all that apply)			
	<input type="checkbox"/> Resigning <input type="checkbox"/> Continuing <input type="checkbox"/> Being Appointed <input type="checkbox"/> Individual Trustee / Director of Corporate Trustee <input type="checkbox"/> Member			

### RETURNING THIS FORM

After completing this form please *either*:

- print, sign, and fax it to McInnes Wilson Lawyers at (07) 3221 0479; *or*
- print, sign, scan, and email it to McInnes Wilson Lawyers at mcwcorporate@mcw.com.au; *or*
- check the confirmation box below and email the form to McInnes Wilson Lawyers at mcwcorporate@mcw.com.au

To print this form for signing click here:

[PRINT](#)

To email this form to McInnes Wilson Lawyers, after confirming instructions below, click here:

[SUBMIT](#)

#### CONFIRMATION OF INSTRUCTIONS

The applicant / adviser agrees to purchase the goods and services indicated on this application form. The applicant / adviser and/or the trustees and/or members warrant that all necessary consents have been obtained as required under the *Superannuation Industry (Supervision) Act 1993* (Cth) and acknowledge that no legal or financial advice has been given by McInnes Wilson Lawyers in relation to the establishment of the SMSF. In particular, McInnes Wilson Lawyers is not licensed to provide financial product advice under the *Corporations Act 2001* (Cth) and the applicant / adviser acknowledges that it may be necessary to take advice from the holder of an Australian Financial Services Licence before making a decision on a financial product.

Name	_____	Signature / Confirmation	_____	or <input type="checkbox"/>	Date	____ / ____ / ____
Name	_____	Signature / Confirmation	_____	or <input type="checkbox"/>	Date	____ / ____ / ____
Name	_____	Signature / Confirmation	_____	or <input type="checkbox"/>	Date	____ / ____ / ____
Name	_____	Signature / Confirmation	_____	or <input type="checkbox"/>	Date	____ / ____ / ____

Note: This application form will not be processed by McInnes Wilson Lawyers unless this section is completed.

#### PAYMENT OPTION 1 - CREDIT CARD PAYMENTS

Please debit my credit card for the supply of goods and services indicated on this application form.

Note: Payment by credit card will incur a fee of 1.07% (incl GST) for VISA, Mastercard and Bankcard, and 3% (incl GST) for AMEX, on the GST inclusive price.

Charge my credit card:

☐ Visa ☐ Bankcard ☐ Mastercard ☐ American Express

Total Remitted: \$ \_\_\_\_\_

Expiry date: \_\_\_\_ / \_\_\_\_

plus credit card fee specified above

Cardholder's Name

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Card Number

Cardholder's Signature

Date

#### PAYMENT OPTION 2 - INVOICING

If the purchaser has not elected to pay the total price by credit card McInnes Wilson Lawyers will send an invoice to the purchaser for payment within 14 days of the invoice date.