### MORROWS SUPERANNUATION CONSULTANTS

## **Request to Vary the Trust Deed of a SMSF**

This form is designed to give us the information we need to get the process on the way to vary the Trust Deed of a Self Managed Superannuation Fund.

Please fill in all details required and return the form to us. We will then prepare the Deed of Variation and other documents for the signature of all trustees.

1. Contact details / person authorising the Deed of Variation for this fund:

|  |  |
| --- | --- |
| Name: | Mari Ashted |
| Address: | PO Box 6243 Upper Mt Gravatt QLD 4122 |
| Phone: | 07 3422 8000 |
| Fax: | 07 3422 8080 |
| E- mail: | [maria@marshtincknell.com.au](mailto:maria@marshtincknell.com.au) |
| Position/Capacity: | Superannuation Manager |
| Firm, if applicable: | Marsh Tincknell |

|  |  |
| --- | --- |
| 2. Name of Fund: | Walker Superannuation Fund |

1. Do you want to update the existing Trust Deed by varying it by a Deed of Variation?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ? | Yes |  |  | No |

**SEE PAGE 4 OF ORDER FORM**

If yes, please forward a copy of the current Trust Deed.

1. Do you want to restructure the trustee to satisfy the requirements for a Self Managed Superannuation Fund?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| x | Yes |  |  | No |

If **Yes**, please complete the following details about the present and proposed trustee:

|  |  |
| --- | --- |
| 5. Name of **Present Trustees**: | David Walker and Bernadette Walker |

1. A fund may have either a Corporate Trustee or Individual Trustees. If a Corporate Trustee **all** of the Directors must be members of the fund and there must be **no other** Directors. If Individual Trustees, then **all** members must be Trustees and there must be **no other** Trustees. If a member employs another member, the employed member must be related to the member who employs that member or the members must be business partners.

If the fund will have only one member, then the Trustee must be either:

* a Company with the member as the **only** Director; or
* a Company with the member and **one** other person being the **only** Directors, and where that other person is an employer of the member that person is a relative of the member or a director of the employer sponsor with the member; or
* the member as an Individual Trustee and **one** other person **only** being an Individual Trustee, where that other person is an employer of the member that person is a relative of the member or a director of the employer sponsor with the member.

# Proposed Trustee

If Corporate Trustee, details are:

|  |  |
| --- | --- |
| Company name: | Walker Medical Australia Pty Ltd |
| Registered Office address: | C/- Marsh Tincknell, Level 1 1454 Logan Road, Mount Gravatt QLD 4122 |
| A.C.N.: | 117 205 188 |
| A.B.N.: | N/A |
| Total number of Directors: | 2 |

If Single member fund, please advise details of **other** Director if applicable or Individual Trustee.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position: |  | Director of Corporate Trustee | | | | | | | | |  | | | Individual Trustee | | | | | | | | |
|  |  |  | | | |  |  | | |  | |  | | |  | |  |  | |  | |  |
| Title: |  | Mr | |  | Mrs | | |  | Ms | | | |  | | | Miss | | |  | | Dr | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Full name: | | |  | | | | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | |

1. Please complete the following details for all members of the fund.

**Member one:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position: | X | Director of Corporate Trustee | | | | | | | | | |  | | Individual Trustee | | | | | | |
|  |  |  | | | |  |  | | |  |  | |  | |  |  | |  | |  |
| Title: | X | Mr | |  | Mrs | | |  | Ms | | |  | | Miss | | |  | | Dr | |
|  | | | | | | | | | | | | | | | | | | | | |
| Full name: | | | David Walker | | | | | | | | | | | | | | | | | |
| Address: | | | 5 Phalerum Avenue, Seven Hills, QLD 4170 | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | 18/7/1966 | | | | | | | | | | | | | | | | | |

**Member two, if applicable:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position: | X | Director of Corporate Trustee | | | | | | | | | | | |  | | Individual Trustee | | | | | |
|  |  |  | | | |  |  | | |  |  | |  | |  | |  | |  | |  |
| Title: |  | Mr | | X | Mrs | | |  | Ms | | |  | | | Miss | | |  | | Dr | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Full name: | | | Bernadette Walker | | | | | | | | | | | | | | | | | | |
| Address: | | | 5 Phalerum Avenue, Seven Hills, QLD 4170 | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | 18/2/1965 | | | | | | | | | | | | | | | | | | |

**Member three, if applicable:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position: |  | Director of Corporate Trustee | | | | | | | | | | |  | | | | Individual Trustee | | | | | |
|  |  |  | | | |  |  | | |  |  | | |  | |  | |  | |  | |  |
| Title: |  | Mr | |  | Mrs | | |  | Ms | | |  | | | Miss | | | |  | | Dr | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Full name: | | |  | | | | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | |  | | | | | | | | | | | | | | | | | | | |

**Member four, if applicable:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position: |  | Director of Corporate Trustee | | | | | | | | | | |  | | | | Individual Trustee | | | | | |
|  |  |  | | | |  |  | | |  |  | | |  | |  | |  | |  | |  |
| Title: |  | Mr | |  | Mrs | | |  | Ms | | |  | | | Miss | | | |  | | Dr | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Full name: | | |  | | | | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | |  | | | | | | | | | | | | | | | | | | | |

1. Other comments / information / instructions about the Deed of Variation of your Self-Managed Superannuation Fund

|  |
| --- |
| Refer email to Murray Coulthard |

1. I would like to discuss the possibility of Morrows completing the accounting, taxation and other administration / compliance work for this fund:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | X | No |

Please return to:

Morrows Pty Ltd

Level 13

Freshwater Place

2 Southbank Boulevard

Southbank Vic 3006

Telephone: 03 9690 5700

Facsimile: 03 9690 6509