

DEED OF VARIATION OF A SUPERANNUATION FUND - ORDER FORM

NAME OF FUND AND STATE OF OPERATION:	
State/Territory:	
ETAILS OF VARIATION REQUIRED TO THE FUND TRUST DEED:	
lease note that a copy of the existing Deed and any Deeds of Variation must accompany this Order.	•
Change to the Trustee(s) and/or Member(s)	
Change to the Name of the Fund	
Update the entire Trust Deed provisions	
Other – please provide details below, or as a separate annexure. NB: Please contact us for a Quote.	
Guidi – piease provide details below, of as a separate afficient. TVD: Tiease contact us for a Quote.	
DATE OF THE ORIGINAL TRUST DEED:/ DATE(S) OF ANY SUBSEQUENT DEED(S) OF VARIATION:/	
F CORPORATE TRUSTEE:	
ameACN:	
Address of Corporate Trustee:	



NEW MEMBER(S) IF APPLICABLE: current Members are leaving the Fund.	Name(s) and Address(es): Please indicate if these are	additional Members or if any of the
the state of the s		
NEW CORPORATE TRUSTEE IF AP	PLICABLE:	
Name		ACN:
Address of Corporate Trustee:		
NEW NAME OF FUND IF APPLICAB		
To ABNAustralia.com.au: You are appoi particulars for such trust deed and legal of	inted to act as our agent to procure a Deed and ancillary documents being set out hereinbefore. In consideration f materials and delivery of same we shall pay you such an	for you acting as our agent, payment of
	ounting, financial or stamp duty advice and therefore take ay arise from the work we perform on your instructions. Variations and in particular this transaction.	
APPLICANT DETAILS (FIRM):		
CONTACT PERSON:	PH:	FAX:
FULL ADDRESS:		
EMAIL:	SIGNATURE:	DATE:/
☐ Electronic Delivery - PDF	ard copy printed, bound and delivered eds incurs an additional fee	
PAYMENT REQUIRED WIT	TH ORDER	Amount \$
Direct Deposit / EFT		
Bank: ANZ Banking Group	BSB: 015-056 Account: 225324305 Ref	f: Please use name of Fund
MasterCard	☐ Visa	
Card Number:	Expiry Date:	CCV
Name of Cardholder:		