

## APPLICATION FORM

# Self Managed Superannuation Fund (SMSF) Deed Upgrade

Please read the following before completing this application form.

### 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

### Principal Employer

If the SMSF currently has a Related Employer or Principal Employer please provide details on page 3 of the application form.

Some SMSF Trust Deeds may require the consent of the Related Employer/Principal Employer before the Trust Deed can be upgraded.

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

**Neal Dallas**

Principal

Phone: (07) 3014 6598

Email: [ndallas@mcw.com.au](mailto:ndallas@mcw.com.au)

**Victoria Mercer**

Solicitor

Phone: (07) 3231 0634

Email: [vmerc@mcw.com.au](mailto:vmerc@mcw.com.au)

By completing and submitting the 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.

Please ensure you complete all details below, and contact us with any questions you have prior to submitting the form.

### PRICE

Upgrade rules of SMSF (email delivery only)	\$500 (plus GST)
Documents in hard copy	express post - \$15
	courier - TBA

### PURCHASER/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

Establishment date

Has the SMSF previously been varied?	Date	Document Title
	Date	Document Title
	Date	Document Title

Please attach a copy of the current SMSF Trust Deed and all variations to this application form.

### 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

List the names of ALL directors

- 1.
- 2.
- 3.
- 4.

## INDIVIDUAL TRUSTEE AND MEMBER DETAILS

### Individual 1

Full Name

Tax File Number

Residential Address

Suburb/City

State

Postcode

Date of Birth

Occupation

This person is a:

Individual Trustee / Director of Corporate Trustee

Member

Continuing

Continuing

Resigning

Resigning

Being Appointed

Being Appointed

### Individual 2

Full Name

Tax File Number

Residential Address

Suburb/City

State

Postcode

Date of Birth

Occupation

This person is a:

Individual Trustee / Director of Corporate Trustee

Member

Continuing

Continuing

Resigning

Resigning

Being Appointed

Being Appointed

### Individual 3

Full Name

Tax File Number

Residential Address

Suburb/City

State

Postcode

Date of Birth

Occupation

This person is a:

Individual Trustee / Director of Corporate Trustee

Member

Continuing

Continuing

Resigning

Resigning

Being Appointed

Being Appointed

**Individual 4**

Full Name

Tax File Number

Residential Address

Suburb/City

State

Postcode

Date of Birth

Occupation

This person is a:

Individual Trustee / Director of Corporate Trustee

Member

Continuing

Continuing

Resigning

Resigning

Being Appointed

Being Appointed

**RELATED EMPLOYER / PRINCIPAL EMPLOYER DETAILS (IF APPLICABLE)**

Name of Related Employer

ACN

ABN

Registered Office

Suburb/City

State

Postcode

Retire this Employer?

Yes

No

## RETURNING THIS FORM

After completing this form please either:

- print, sign, and fax it to McInnes Wilson Lawyers at (07) 3221 2921; or
- print, sign, scan, and email it to McInnes Wilson Lawyers at mcwonline@mcw.com.au; or

To print this form for signing click here:

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

## CONFIRMATION OF INSTRUCTIONS

The purchaser/adviser agrees to purchase the goods and services indicated on this application form. The purchaser/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 purchaser/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	Sign/Confirmation	or	Date
Name	Sign/Confirmation	or	Date
Name	Sign/Confirmation	or	Date
Name	Sign/Confirmation	or	Date

## CREDIT CARD PAYMENTS

Please debit the following 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 and Mastercard, and 3% (incl GST) for AMEX, on the GST inclusive price.

Credit card:

Visa
  Mastercard
  American Express

Total Remitted \$  Expiry date

plus credit card fee specified above

Cardholder's Name

Card Number

Cardholder's Signature  Date