

Trust Deed Variation

PLEASE USE BLOCK LETTERS

Note: This Trust Deed Variation will convert any fund from employer controlled to member controlled.

Please forward this form complete with authorised signature, a copy of the most recent Trust Deed and articles, as well as documentation for changes to Trustees to:

Multiport Pty Ltd
PO Box N316, GROSVENOR PLACE NSW 1220

Please direct any enquiries to us: By phone on (02) 9230 0177 or email help@multiport.com.au

Fund details

Fund Name: _____ Superannuation Fund

Date of commencement of fund: ____/____/____

Structure of existing deed: Member Controlled Employer Controlled

Fund contact details

Contact name: _____

Postal Address: _____

Contact Telephone: (Business Hours) _____ Mobile: _____

Facsimile: _____ Email: _____

Company Trustee

Full name: _____

ACN: _____

Registered Office Address: _____

If company as trustee, please specify (from page 2) using A, B, C or D, who is the Chairman Secretary

Employer (not necessary for Member Controlled Fund)

please indicate if: Company Partnership Other (specify): _____

Full name: _____

ACN: _____

Registered Office Address: _____

If employer controlled, please specify the Directors or Partners of the employers on page 2 of this form.

(Founding Member)

Individual Data

Surname

Given Name (in full)

Sex (circle)

Date of birth

Residential Address

Member of fund (circle)

Please indicate if either:

If employer controlled, please indicate if:

INDIVIDUAL A

INDIVIDUAL B

INDIVIDUAL C

INDIVIDUAL D

Male / Female

Male / Female

Male / Female

Male / Female

/ /

/ /

/ /

/ /

Yes / No

Yes / No

Yes / No

Yes / No

Individual Trustee
 Trustee Director

Individual Trustee
 Trustee Director

Individual Trustee
 Trustee Director

Individual Trustee
 Trustee Director

Director/Partner of the employer

Director/Partner of the employer

Director/Partner of the employer

Director/Partner of the employer

Death Benefit Nomination

Beneficiary Name:

Is this a Binding Nomination?

Relationship to Member:

Address of Beneficiary:

Proportion

Yes / No

Yes / No

Yes / No

Yes / No

%

%

%

%

Minutes

The Minutes are an historical record that the Trustees decided to amend the Fund's Trust Deed and the Members and Employer (if applicable) consented.

Place of Meeting: _____

Date of Meeting: ____/____/____

On this day all persons specified above were: Present Not present at the meeting

Specify those not present: _____

Note: for Trustee meetings a quorum of two persons is required unless the Trustee is a single director company.

Declaration

I hereby instruct Multiport Pty Ltd to provide the necessary documentation to vary the trust deed for the above named fund and agree to the fee specified. I acknowledge that the accuracy of the documentation is dependent on the information provided and I hereby certify that the above information is true and correct.

Fee for Service: \$ _____

Signature: _____ Date: ____/____/____

Multiport Pty Limited

Level 1, 1 Chifley Square Sydney NSW 2000 Postal PO Box N316 Grosvenor Place Sydney NSW 1220
Tel (02) 9230 0177 Fax (02) 9230 0188 Email help@multiport.com.au www.multiport.com.au