

Order form: Self-managed super fund change of trustee

Important information

When completing this form, please ensure you provide current information in relation to:

- other parties to the deed (including names and addresses), and
- the names of director(s) (if a company).

Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

Documents to submit with this form

When submitting the form, please also attach the following documents:

- a copy of the trust deed
- a copy of any variations or amendments to the trust deed, and
- a copy of any changes of trustee documentation.

All original documents will be returned to you with the new documentation.

Payment

- Cheque with order form Please make cheque payable to: Castle Legal Pty Ltd.
- Credit card Please complete [Credit Card Authorisation](#) and return with this form.
- Credit terms of 30 days This option is for approved clients only.

Fund details

Name of fund

Date established

 / /

Date of change

Must be today or a future date

 / /

Location for meetings

Current trustee(s)	
Individual trustee(s)	Corporate trustee(s)
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:	Company name
Full name	ACN
Address	Registered office
Member? <input type="checkbox"/> Yes	
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:	Director 1 <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:
Full name	Full name
Address	Residential address
Member? <input type="checkbox"/> Yes	Member? <input type="checkbox"/> Yes
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:	Director 2 <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:
Full name	Full name
Address	Residential address
Member? <input type="checkbox"/> Yes	Member? <input type="checkbox"/> Yes
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:	Director 3 <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:
Full name	Full name
Address	Residential address
Member? <input type="checkbox"/> Yes	Member? <input type="checkbox"/> Yes
	Director 4 <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:
	Full name
	Residential address
	Member? <input type="checkbox"/> Yes

New trustee(s)	
Individual trustee(s)	Corporate trustee(s)
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:	Company name
Full name	ACN
Address	Registered office
Member? <input type="checkbox"/> Yes	
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:	Director 1 <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr Title <input type="checkbox"/> Other – please specify:
Full name	Full name
Address	Residential address
Member? <input type="checkbox"/> Yes	Member? <input type="checkbox"/> Yes
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:	Director 2 <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr Title <input type="checkbox"/> Other – please specify:
Full name	Full name
Address	Residential address
Member? <input type="checkbox"/> Yes	Member? <input type="checkbox"/> Yes
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:	Director 3 <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr Title <input type="checkbox"/> Other – please specify:
Full name	Full name
Address	Residential address
Member? <input type="checkbox"/> Yes	Member? <input type="checkbox"/> Yes
	Director 4 <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr Title <input type="checkbox"/> Other – please specify:
	Full name
	Residential address
	Member? <input type="checkbox"/> Yes

Other parties

Other individual parties		Other corporate parties	
<p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:</p> <p>Full name</p> <p>Address</p> <p>Role <input type="checkbox"/> Founder <input type="checkbox"/> Principal employer <input type="checkbox"/> Other – please specify:</p>	<p>Company name</p> <p>ACN</p> <p>Registered office</p> <p>Role <input type="checkbox"/> Founder <input type="checkbox"/> Principal employer <input type="checkbox"/> Other – please specify:</p>		
<p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:</p> <p>Full name</p> <p>Address</p> <p>Role <input type="checkbox"/> Founder <input type="checkbox"/> Principal employer <input type="checkbox"/> Other – please specify:</p>	<p>Director 1</p> <p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:</p> <p>Full name</p> <p>Residential address</p>		
<p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:</p> <p>Full name</p> <p>Address</p> <p>Role <input type="checkbox"/> Founder <input type="checkbox"/> Principal employer <input type="checkbox"/> Other – please specify:</p>	<p>Director 2</p> <p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:</p> <p>Full name</p> <p>Residential address</p>		
<p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:</p> <p>Full name</p> <p>Address</p> <p>Role <input type="checkbox"/> Founder <input type="checkbox"/> Principal employer <input type="checkbox"/> Other – please specify:</p>	<p>Director 3</p> <p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:</p> <p>Full name</p> <p>Residential address</p>		
<p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:</p> <p>Full name</p> <p>Address</p> <p>Role <input type="checkbox"/> Founder <input type="checkbox"/> Principal employer <input type="checkbox"/> Other – please specify:</p>	<p>Director 4</p> <p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:</p> <p>Full name</p> <p>Residential address</p>		

Additional information – Use this space to give us any other information that may help us to complete your order.