

Fund name

## Order form: Self-managed super fund variation

### 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).

If the purpose of updating this super fund deed is in readiness for a limited recourse borrowing arrangement, there is the possibility that the financier may request a further amendment. This depends upon the financier, the quantum and type of loan and the legal firm who is chosen from the financier's panel to review the documentation. If a further amendment is sought by the trustee's financier in order to satisfy their own internal requirements, we will need to impose an additional fee to cover our costs.

### 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 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.

### Trust details

Name of fund

Date established

 /  / 

Date of change

Must be today or a future date

 /  / 

Type of variation required

- Update  Name change  Add a new member  Other

If updating, please specify voting preference:-

- Weighted  Non-Weighted (if neither option is selected, we will assume 'Non-weighted voting')

If change of name, or Other, please specify the details:-

Location for meetings

## Current trustee(s)

## Individual trustee(s)

## Corporate trustee(s)

<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>Member? <input type="checkbox"/> Yes</p>	<p>Company name</p> <p>ACN</p> <p>Registered office</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>Member? <input type="checkbox"/> Yes</p>	<p><b>Director 1</b></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>Member? <input type="checkbox"/> Yes</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>Member? <input type="checkbox"/> Yes</p>	<p><b>Director 2</b></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>Member? <input type="checkbox"/> Yes</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>Member? <input type="checkbox"/> Yes</p>	<p><b>Director 3</b></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>Member? <input type="checkbox"/> Yes</p>
	<p><b>Director 4</b></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>Member? <input type="checkbox"/> Yes</p>

**Other parties**

**Other individual parties**

**Other corporate parties**

**Title**  Mr  Mrs  Miss  Ms  Dr  
 Other – please specify:

**Full name**

**Address**

**Role**  Founder  Principal employer  
 Other – please specify:

**Company name**

**ACN**

**Registered office**

**Role**  Founder  Principal employer  
 Other – please specify:

**Title**  Mr  Mrs  Miss  Ms  Dr  
 Other – please specify:

**Full name**

**Address**

**Role**  Founder  Principal employer  
 Other – please specify:

**Director 1**

**Title**  Mr  Mrs  Miss  Ms  Dr  
 Other – please specify:

**Full name**

**Residential address**

**Title**  Mr  Mrs  Miss  Ms  Dr  
 Other – please specify:

**Full name**

**Address**

**Role**  Founder  Principal employer  
 Other – please specify:

**Director 2**

**Title**  Mr  Mrs  Miss  Ms  Dr  
 Other – please specify:

**Full name**

**Residential address**

**Title**  Mr  Mrs  Miss  Ms  Dr  
 Other – please specify:

**Full name**

**Address**

**Role**  Founder  Principal employer  
 Other – please specify:

**Director 3**

**Title**  Mr  Mrs  Miss  Ms  Dr  
 Other – please specify:

**Full name**

**Residential address**

**Title**  Mr  Mrs  Miss  Ms  Dr  
 Other – please specify:

**Full name**

**Address**

**Role**  Founder  Principal employer  
 Other – please specify:

**Director 4**

**Title**  Mr  Mrs  Miss  Ms  Dr  
 Other – please specify:

**Full name**

**Residential address**

**Add a new member**

Title  Mr  Mrs  Miss  Ms  Dr  Other – please specify:

Date of birth

/ /

Full name

Address

Title  Mr  Mrs  Miss  Ms  Dr  Other – please specify:

Date of birth

/ /

Full name

Address

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