

Fund name

Order form: Vesting of self-managed superannuation fund

Important information

Please forward a copy of the existing trust deed with any deeds of variation/amendment that may exist. Please ensure you also provide current information in relation to:

- other parties to the deed (including names and addresses)
- the names of director(s) (if a company), and
- a copy of the final balance sheet for the trust
- a list of assets and liabilities as at the requested vesting date

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

Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

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 vesting

Must be today or future dated.

 / /

Vesting reason

- No members Liabilities exceed assets Other reason by trustee or members

If other, please detail below:-

Location for meetings

Trustees	
Individual	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>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>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>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>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>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>Member? <input type="checkbox"/> Yes</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> <p>Member? <input type="checkbox"/> Yes</p>

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:</p> <p>Full name</p> <p>Address</p> <p>Role <input type="checkbox"/> Principal employer <input type="checkbox"/> Other: <input type="checkbox"/> Founder</p>	<p>Company Name</p> <p>ACN</p> <p>Registered office</p> <p>Role <input type="checkbox"/> Principal employer <input type="checkbox"/> Other: <input type="checkbox"/> Founder</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:</p> <p>Full name</p> <p>Address</p> <p>Role <input type="checkbox"/> Principal employer <input type="checkbox"/> Other: <input type="checkbox"/> Founder</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:</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:</p> <p>Full name</p> <p>Address</p> <p>Role <input type="checkbox"/> Principal employer <input type="checkbox"/> Other: <input type="checkbox"/> Founder</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:</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:</p> <p>Full name</p> <p>Address</p> <p>Role <input type="checkbox"/> Principal employer <input type="checkbox"/> Other: <input type="checkbox"/> Founder</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:</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:</p> <p>Full name</p> <p>Address</p> <p>Role <input type="checkbox"/> Principal employer <input type="checkbox"/> Other: <input type="checkbox"/> Founder</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:</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.	