**SMSF Deed Update Order Form**



**To order your SMSF Deed Update documents:**

1. Complete all relevant fields.
2. Attach a copy of the Fund’s most recent Trust Deed, as well as any documentation recording a change in the Fund’s Trusteeship/Membership, or the Fund’s Principal Employer/Employer Sponsor, since your last Trust Deed Upgrade.
3. Mail this form, along with the documentation outlined above or email to TAG Financial Services at **super@tagfinancial.com.au**

**SECTION A: Adviser Ordering Details**

|  |  |
| --- | --- |
| Name:       | Signature:       |
| Company Name:       |
| Postal Address:       |
| Date Of Order:    /    /      | Your Ref:       |
| Phone: (     ) -       -       | Fax: (     ) -       -       |
| Email:       |

**SECTION B: Fund Details**

|  |
| --- |
| Name of Fund:       |
| Registered address of the Fund:  |       |
| Establishment Date of the Fund:  |    /    /      |
| Variation Dates of the Fund’s Trust Deed:  |    /    /      ;   /    /     ; |    /    /        /    /      |
| State Law the Fund is governed by:  |       |

**SECTION C (I): Details of Each Member**

|  |  |
| --- | --- |
| **Member 1**  | Full Name:       |
| Address:       |
| Individual Trustee (tick if appropriate): [ ]  | Director of Corporate Trustee (tick if appropriate): [ ]  |

|  |  |
| --- | --- |
| **Member 2**  | Full Name:       |
| Address:       |
| Individual Trustee (tick if appropriate): [ ]  | Director of Corporate Trustee (tick if appropriate): [ ]  |

|  |  |
| --- | --- |
| **Member 3**  | Full Name:       |
| Address:       |
| Individual Trustee (tick if appropriate): [ ]  | Director of Corporate Trustee (tick if appropriate): [ ]  |

|  |  |
| --- | --- |
| **Member 4**  | Full Name:       |
| Address:       |
| Individual Trustee (tick if appropriate): [ ]  | Director of Corporate Trustee (tick if appropriate): [ ]  |

|  |  |
| --- | --- |
| **Member 5**  | Full Name:       |
| Address:       |
| Individual Trustee (tick if appropriate): [ ]  | Director of Corporate Trustee (tick if appropriate): [ ]  |

|  |  |
| --- | --- |
| **Member 6**  | Full Name:       |
| Address:       |
| Individual Trustee (tick if appropriate): [ ]  | Director of Corporate Trustee (tick if appropriate): [ ]  |

**SECTION C (II): Non-Member Trustee**

If the Fund is a single Member Fund with a Trustee who is not a Member, enter the Non-Member Trustee details below.

|  |  |
| --- | --- |
| Trustee  | Full Name:       |
| Address:       |
| Individual Trustee (tick if appropriate): [ ]  | Director of Corporate Trustee (tick if appropriate): [ ]  |

**SECTION D: Corporate Trustee Details (if applicable)**

|  |  |
| --- | --- |
| Company Name:       | ACN:     -     -     |
| Registered Address:       |
| Company Chairman:       |

**SECTION E: Details of Additional Party**

|  |
| --- |
| Does the Fund have any of the following parties? |
| [ ]  Founder | [ ]  Principal | [ ]  Principal Employer | [ ]  Employer Sponsor |
| Name/s:       | ACN:     -     -     |
| Registered Office:       |
| **Director 1** |       | **Director 2** |       |
| **Director 3** |       | **Director 4** |       |
| **Director 5** |       | **Director 6** |       |
| Who will act as Chairman?       |