# TAG FINANCIAL SERVICES

**SMSF DEED UPDATE**

**ORDER FORM**

To order your SMSF Deed Update documents:

1. Complete all relevant fields in BLOCK LETTERS
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 aboveor 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): |

**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** |  | | |
| Who will act as Company Chairman? (If a Company) | | | | | | |