



- Use this form to appoint or remove individual or corporate trustees.
- Please write clearly in CAPITAL LETTERS and use black pen to complete the form.
- Your completed form should be sent to Novo Super:

By mail: **Novo Super**  
**PO BOX 115**  
**Collins Street West**  
**MELBOURNE VIC 8007**

By email: **forms@novosuper.com.au**

## Section 1 - Fund Details

Fund Name:

Establishment date:

ABN:

Fund ID:

Was the Trust Deed established or amended by Novo Super?

Yes

No

Attach a copy of the Trust Deed along with documentation relating to any variations.

## Section 2 – Restructure Details

Please indicate the reasons for the Restructure and complete the relevant sections.

### Trustee Changes

Appoint Corporate Trustee – Section 3.1

Appoint Trustee/s or Director/s – Section 3.2

Resign Corporate Trustee – Section 4.1

Resign Trustee/s or Director/s – Section 4.2

### Member Changes

Admit Member/s – Section 3.2

Resign Member/s – Section 4.2

### Trust Deed Update

Update Trust Deed – Section 5

## Section 3 – Trustee Changes - Appointment

Effective date of Appointment

### 3.1 Appoint Corporate Trustee

Please complete if you are appointing an existing Company to act

Full Company Name

Company ACN

Please attach a copy of the current ASIC company statement to confirm Directors and registered office details.

### 3.2 Appoint New Individual Trustee/s, Director/s and Fund Member/s

**Identity 1** Title: Mr Mrs Other: Individual Trustee Director Member  
First Name: Surname: Date of Birth:  
Address: Suburb: State: Postcode:  
Email: Phone: Mobile:  
TFN: Gender: Male Female Other Director ID:

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**Identity2** Title: Mr Mrs Other: Individual Trustee Director Member  
First Name: Surname: Date of Birth:  
Address: Suburb: State: Postcode:  
Email: Phone: Mobile:  
TFN: Gender: Male Female Other Director ID:

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**Identity3** Title: Mr Mrs Other: Individual Trustee Director Member  
First Name: Surname: Date of Birth:  
Address: Suburb: State: Postcode:  
Email: Phone: Mobile:  
TFN: Gender: Male Female Other Director ID:

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**Identity4** Title: Mr Mrs Other: Individual Trustee Director Member  
First Name: Surname: Date of Birth:  
Address: Suburb: State: Postcode:  
Email: Phone: Mobile:  
TFN: Gender: Male Female Other Director ID:

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**Identity5** Title: Mr Mrs Other: Individual Trustee Director Member  
First Name: Surname: Date of Birth:  
Address: Suburb: State: Postcode:  
Email: Phone: Mobile:  
TFN: Gender: Male Female Other Director ID:

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### 3.2 Continued...

**Identity 6** Title: Mr Mrs Other: Individual Trustee Director Member  
First Name: Surname: Date of Birth:  
Address: Suburb: State: Postcode:  
Email: Phone: Mobile:  
TFN: Gender: Male Female Other Director ID:

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## Section 4 – Trustee Changes - Resignation

Effective date of Resignation

### 4.1 Resign Corporate Trustee

Please complete if you are resigning an existing Corporate Trustee

Full Company Name

Company ACN

### 4.2 Resign Individual Trustee/s, Director/s and Fund Member/s

**Identity 1** Title: Mr Mrs Other: Individual Trustee Director Member  
First Name: Surname: Date of Birth:  
Address: Suburb: State: Postcode:  
Email: Phone: Mobile:  
TFN: Gender: Male Female Other

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**Identity2** Title: Mr Mrs Other: Individual Trustee Director Member  
First Name: Surname: Date of Birth:  
Address: Suburb: State: Postcode:  
Email: Phone: Mobile:  
TFN: Gender: Male Female Other

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**Identity3** Title: Mr Mrs Other: Individual Trustee Director Member  
First Name: Surname: Date of Birth:  
Address: Suburb: State: Postcode:  
Email: Phone: Mobile:  
TFN: Gender: Male Female Other

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**Identity4** Title: Mr Mrs Other: Individual Trustee Director Member  
First Name: Surname: Date of Birth:  
Address: Suburb: State: Postcode:  
Email: Phone: Mobile:  
TFN: Gender: Male Female Other

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## 4.2 Continued...

**Identity5** Title: Mr Mrs Other: Individual Trustee Director Member  
First Name: Surname: Date of Birth:  
Address: Suburb: State: Postcode:  
Email: Phone: Mobile:  
TFN: Gender: Male Female Other

**Identity6** Title: Mr Mrs Other: Individual Trustee Director Member  
First Name: Surname: Date of Birth:  
Address: Suburb: State: Postcode:  
Email: Phone: Mobile:  
TFN: Gender: Male Female Other

## Section 5 – Corporate Affairs Service (New Corporate Trustees)

Company Name:

Company ACN:

Do you wish to subscribe to Novo Super's Corporate Affairs Service?

**Yes** - Act as the registered address, process and pay the ASIC annual review, process any change of details and other regulatory requirement associated with a company acting as Trustee of a SMSF.

**No** - Please provide a copy of the most recent ASIC annual review statement.

## Section 6 – Trust Deed Update

Do you wish to update your Trust Deed to reflect the changes in the Fund? Yes No

## Section 7 – Fees and Payment Details (GST inclusive)

Fund Restructure (per change)	\$220.00
Trust Deed Update (Novo Super Deed)	\$220.00
Trust Deed Update (Non Novo Super Deed)	\$275.00
Corporate Affairs Service (per annum)	\$165.00

Payment Details:

Electronic Funds Transfer (EFT): Account Name: Novo Super Pty Ltd  
BSB: 063-237  
Account Number: 1046 5132

Cheque – Please enclose a cheque made payable to «Novo Super Pty Ltd»

## Section 8 - Primary Contact Details

**Important** – these details will be used for all correspondence, contact, delivery and billing purposes

Accountant:            Adviser            Other - Please Specify:

Name:

Company:

Address:

Postal Address:

Phone: (    )

Email:

Mobile:

## Section 9 - Declaration

By signing below, I, on behalf of the Trustees (or prospective Trustees) of the Fund:

- Declare I am authorised to make declarations on behalf of the persons (and prospective Trustees) named in this form.
- Declare that the information provided in the form above is complete and accurate.
- Have read and understood the fee schedule applicable for the relevant services, found at Section 7 above.
- Authorise the collection, use and disclosure of my personal information for the purpose of the assessment of the application and the management and administration of services in which I have applied.
- Understand that Novo Super may disclose my personal information to third parties such as: organisations undertaking compliance functions of Novo Super's information; organisations maintaining Novo Super's information technology system; authorised financial institutions; and any authorised party.
- Agree that Novo Super has not provided me with financial advice and that Novo Super is not responsible for the investment decisions I/we make and the investment products I/we select to invest in.

Signed

Print Name

Date

## Contact Us

Postal Address: PO Box 115  
Collins Street West  
MELBOURNE VIC 8007

Telephone: 1300 668 678  
Email: forms@novosuper.com.au  
Website: www.novosuper.com.au



ABN: 14 607 604 777