

Trust Deed Update Request Form

Section 1 – Fund Details

Fund Name:

Fund ABN:

Was the Trust Deed established or amended by Novo Super? Yes No If No, please provide a copy of the trust deed along with details of any variations in structure or membership.

Section 2 – Trustee Details

Trustee 1 Trustee 2

Individual Director of Corporate Trustee Individual Director of Corporate Trustee

Title: Mr Mrs Miss Other Title: Mr Mrs Miss Other

First Name: First Name:

Surname: Surname:

Trustee 3 Trustee 4

Individual Director of Corporate Trustee Individual Director of Corporate Trustee

Title: Mr Mrs Miss Other Title: Mr Mrs Miss Other

First Name: First Name:

Surname: Surname:

Corporate Trustee Name:

ACN: ABN:

Section 3 – Fees and Payment Details

The fees for this service are as follows:

Update from an earlier version of the Novo Super Trust \$220 Deed Update from a non-Novo Super Trust Deed \$275

Payment Details:

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

Electronic Funds Transfer (EFT): Account Name: Novo Super Pty Ltd

Please quote: Your SMSF name (as detailed in Section 1)

BSB: 083-163

Account Number: 91096 0158

Section 4 – Contact details (used for delivery and invoicing unless otherwise advised)						
Trustee	Nominated Representative:	Adviser	Accountant	Other:		
Name:						
Company:						
Address		Subui	rb		State	Postcode

Email:

Section 5 - Declaration

Phone: (

By signing below I, on behalf of the trustees of the Fund:

Declare that the information provided in the form above is complete and accurate.

Mobile:

- Declare I am authorised to make declarations on behalf of the persons named in this form.
- Instruct Novo Super to provide the necessary documentation to establish the above arrangements on my/our behalf.
- Acknowledge that Novo Super will commence the work after a complete and signed form is received and payment has been made and cleared.
- 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 the services of which I have applied.
- Understand that Novo Super may disclose my personal information to third parties such as: organisations undertaking the compliance functions of Novo Super's information; organisations maintaining Novo Super's information technology system; authorised financial institutions; and any authorised party.

Signed Print Name Date

Section 6 – Submitting the Request

You can submit your form via email or post:

A printed and signed copy can be posted to: Novo Super PO Box 115

Collins Street West

MELBOURNE VIC 8007

A signed and scanned copy can be emailed to: **forms@novosuper.com.au**

Contact Us

Postal Address: PO Box 115 Telephone: 1300 668 678

Collins Street West Email: forms@novosuper.com.au MELBOURNE VIC 8007 Website: www.novosuper.com.au

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ABN: 48 310 606 253