

- ❑ 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: **admin@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	Individual Trustee	Director	Member			
Title: Mr	Mrs	Miss	Other:	Gender: Male	Female	TFN:
First Name:	Surname:		Date of Birth:			
Address:	Suburb:		State:	Postcode:		
Postal:	Suburb:		State:	Postcode:		
Email:	Phone:		Mobile:			
Place of Birth:	City:	State:	Country:			
SIGNATURE:						

Identity 2	Individual Trustee	Director	Member			
Title: Mr	Mrs	Miss	Other:	Gender: Male	Female	TFN:
First Name:	Surname:		Date of Birth:			
Address:	Suburb:		State:	Postcode:		
Postal:	Suburb:		State:	Postcode:		
Email:	Phone:		Mobile:			
Place of Birth:	City:	State:	Country:			
SIGNATURE:						

Identity 3	Individual Trustee	Director	Member			
Title: Mr	Mrs	Miss	Other:	Gender: Male	Female	TFN:
First Name:	Surname:		Date of Birth:			
Address:	Suburb:		State:	Postcode:		
Postal:	Suburb:		State:	Postcode:		
Email:	Phone:		Mobile:			
Place of Birth:	City:	State:	Country:			
SIGNATURE:						

Identity 4	Individual Trustee	Director	Member			
Title: Mr	Mrs	Miss	Other:	Gender: Male	Female	TFN:
First Name:	Surname:		Date of Birth:			
Address:	Suburb:		State:	Postcode:		
Postal:	Suburb:		State:	Postcode:		
Email:	Phone:		Mobile:			
Place of Birth:	City:	State:	Country:			
SIGNATURE:						

## 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

<b>Identity1</b>	Individual Trustee	Director	Member				
Title: Mr	Mrs	Miss	Other:	Gender: Male	Female	TFN:	
First Name:				Surname:		Date of Birth:	
Address:				Suburb:		State:	Postcode:
Postal:				Suburb:		State:	Postcode:
Email:				Phone:		Mobile:	

<b>Identity2</b>	Individual Trustee	Director	Member				
Title: Mr	Mrs	Miss	Other:	Gender: Male	Female	TFN:	
First Name:				Surname:		Date of Birth:	
Address:				Suburb:		State:	Postcode:
Postal:				Suburb:		State:	Postcode:
Email:				Phone:		Mobile:	

<b>Identity3</b>	Individual Trustee	Director	Member				
Title: Mr	Mrs	Miss	Other:	Gender: Male	Female	TFN:	
First Name:				Surname:		Date of Birth:	
Address:				Suburb:		State:	Postcode:
Postal:				Suburb:		State:	Postcode:
Email:				Phone:		Mobile:	

<b>Identity4</b>	Individual Trustee	Director	Member				
Title: Mr	Mrs	Miss	Other:	Gender: Male	Female	TFN:	
First Name:				Surname:		Date of Birth:	
Address:				Suburb:		State:	Postcode:
Postal:				Suburb:		State:	Postcode:
Email:				Phone:		Mobile:	

## 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: 083-163  
Account Number: 9109 60158

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](mailto:forms@novosuper.com.au)  
Website: [www.novosuper.com.au](http://www.novosuper.com.au)

ABN: 48 310 606 253

