SMSF Trustee Restructure Request Form

- 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:

Place of Birth: City: State: Country:

TFN: Gender: Male ☐ Female ☐ Other ☐ SIGNATURE:

Identity 2 Title: Mr ☐ Mrs ☐ Other: Individual Trustee ☐ Director ☐ Member ☐

First Name: Surname: Date of Birth:

Address: Suburb: State: Postcode:

Email: Phone: Mobile:

Place of Birth: City: State: Country:

TFN: Gender: Male ☐ Female ☐ Other ☐ SIGNATURE:

Identity 3 Title: Mr ☐ Mrs ☐ Other: Individual Trustee ☐ Director ☐ Member ☐

First Name: Surname: Date of Birth:

Address: Suburb: State: Postcode:

Email: Phone: Mobile:

Place of Birth: City: State: Country:

TFN: Gender: Male ☐ Female ☐ Other ☐ SIGNATURE:

Identity 4 Title: Mr ☐ Mrs ☐ Other: Individual Trustee ☐ Director ☐ Member ☐

First Name: Surname: Date of Birth:

Address: Suburb: State: Postcode:

Email: Phone: Mobile:

Place of Birth: City: State: Country:

TFN: Gender: Male ☐ Female ☐ Other ☐ SIGNATURE:

Identity 5 Title: Mr ☐ Mrs ☐ Other: Individual Trustee ☐ Director ☐ Member ☐

First Name: Surname: Date of Birth:

Address: Suburb: State: Postcode:

Email: Phone: Mobile:

Place of Birth: City: State: Country:

TFN: Gender: Male ☐ Female ☐ Other ☐ SIGNATURE:

3.2 Continued...

Identity6 Title: Mr ☐ Mrs ☐ Other: Individual Trustee ☐ Director ☐ Member ☐

First Name: Surname: Date of Birth:

Address: Suburb: State: Postcode:

Email: Phone: Mobile:

Place of Birth: City: State: Country:

TFN: Gender: Male ☐ Female ☐ Other ☐ 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

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 ☐

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 ☐

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 ☐

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 ☐

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