

# SYMBOLIC SUPER PTY LTD

## VARIATION OF SUPERANNUATION FUND INSTRUCTION SHEET

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INSTRUCTING FIRM:			
CONTACT NAME:		Phone No.:	
MAIL ADDRESS:			
DELIVERY ADDRESS:			
<b>Please email the completed form together with a scanned copy of your existing deed to <a href="mailto:admin@symbolic.com.au">admin@symbolic.com.au</a></b>			
NAME OF TRUST:			
SETTLEMENT DATE:	(The date of appointment of initial Trustees/Members)		
<b>CHANGES REQUIRED</b> (Please tick the appropriate box and complete the Section as directed below.)			
<input type="checkbox"/>	Full replacement deed (complete <b>Section 1 or 2</b> as appropriate)		
<input type="checkbox"/>	Change from Individual Trustees to Corporate Trustee (complete <b>Section 2 and 3</b> )		
<input type="checkbox"/>	Change from Corporate Trustee to Individual Trustees (complete <b>Section 1 and 4</b> )		
<input type="checkbox"/>	Change of Individual Trustees (complete <b>Section 2 and 4</b> )		
<input type="checkbox"/>	Change of Corp Trustee to new Corp Trustee or Directors of Corporate Trustee (complete <b>Sections 1 and 3</b> )		
<input type="checkbox"/>	Change of Super Fund Name to:		
<input type="checkbox"/>	Other (Please specify):		
<b>SECTION 1 – CURRENT CORPORATE TRUSTEE (IF ANY):</b>			
COMPANY NAME:		ACN	
REGISTERED OFFICE:			
1 DIRECTOR/MEMBER NAME:			
1 DIR/MEMBER ADDRESS:			
2 DIRECTOR/MEMBER NAME:			
2 DIR/MEMBER ADDRESS:			
3 DIRECTOR/MEMBER NAME:			
3 DIR/MEMBER ADDRESS:			
4 DIRECTOR/MEMBER NAME:			
4 DIR/MEMBER ADDRESS:			
<b><u>IMPORTANT</u></b>			
Under the prevailing Superannuation laws, the trustee(s) of a compliant Superannuation fund must meet one of the following criteria:			
<ul style="list-style-type: none"><li>• The trustee is a single company, with no more than 4 directors, where every member is a director of the trustee company and every director is a member;</li><li>• The trustees are at least 2 and no more than 4 individuals, each of whom is a member</li></ul>			

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## SECTION 2 – CURRENT INDIVIDUAL TRUSTEES/MEMBERS (IF ANY)

1 TRUSTEE NAME:		TRUSTEE	<input type="checkbox"/>	MEMBER	<input type="checkbox"/>
1 ADDRESS:					
2 TRUSTEE		TRUSTEE	<input type="checkbox"/>	MEMBER	<input type="checkbox"/>
2 ADDRESS:					
3 TRUSTEE		TRUSTEE	<input type="checkbox"/>	MEMBER	<input type="checkbox"/>
3 ADDRESS:					
4 TRUSTEE		TRUSTEE	<input type="checkbox"/>	MEMBER	<input type="checkbox"/>
4 ADDRESS:					

## SECTION 3 – REPLACEMENT CORPORATE TRUSTEE (IF ANY)

COMPANY NAME:		ACN:	
REGISTERED OFFICE:			
1 DIRECTOR/MEMBER NAME:		DOB	
1 ADDRESS			
2 DIRECTOR/MEMBER NAME:		DOB	
2 ADDRESS			
3 DIRECTOR/MEMBER NAME:		DOB	
3 ADDRESS			
4 DIRECTOR/MEMBER NAME:		DOB	
4 ADDRESS			

## SECTION 4 – REPLACEMENT INDIVIDUAL TRUSTEES (IF ANY) (Please tick appropriate Trustee/Member box)

1	TRUSTEE	<input type="checkbox"/>	MEMBER	<input type="checkbox"/>	NAME:		DOB	
1 ADDRESS								
2	TRUSTEE	<input type="checkbox"/>	MEMBER	<input type="checkbox"/>	NAME:		DOB	
2 ADDRESS								
3	TRUSTEE	<input type="checkbox"/>	MEMBER	<input type="checkbox"/>	NAME:		DOB	
3 ADDRESS								
4	TRUSTEE	<input type="checkbox"/>	MEMBER	<input type="checkbox"/>	NAME:		DOB	
4 ADDRESS								

*Please read and sign below:*

You are hereby appointed to act as our agent to procure a replacement Superannuation Trust Deed, the particulars for such being set out above. In consideration for your acting as our agent, attending to provision of the deed, supplementary documentation and delivery, we shall pay such amount as agreed.

ORDERED BY: .....

Signed: .....