

To: Shelcom Corporate Services
Tel: (03) 9578 3888 Fax: (03) 9578 3844

✉ PO Box 282, Ormond, Vic 3204
📧 companies@shelcom.com.au

SUPERANNUATION FUND DEED UPGRADE ORDER FORM

From: Name: _____
Company: _____
Address: _____
Phone No: _____ Fax No: _____
Signature: _____ Email: _____

The services provided by, and all orders placed with, Shelcom Corporate Services Australia Pty Ltd ("Shelcom") are subject to Shelcom's Terms and Conditions of Trade which are available on written request or may be viewed at www.shelcom.com.au/trading-terms. By using Shelcom's services and or by placing an order with Shelcom, you agree to be bound by Shelcom's Terms.

Binding: Comb Binding Heat Seal

CURRENT DEED – Please provide a copy of the deed

Name of Fund: _____
Date of **Current** Deed: _____
Date of **New** Deed: _____
A.B.N. or T.F.N. of Fund: _____

Trustee(s)

Surname Company Name: Mr Mrs Ms Miss _____
 Given Names A.C.N.: _____
 Address Registered Office: _____

 Surname Company Name: _____
 Given Names A.C.N.: _____
 Address Registered Office: _____

Members:

Surname: Mr Mrs Ms Miss _____
Given Names: _____
Address: _____

Surname: Mr Mrs Ms Miss _____
Given Names: _____
Address: _____

Surname: Mr Mrs Ms Miss _____
Given Names: _____
Address: _____

CHANGES TO DEED (IF REQUIRED) – Changes will incur an additional charge

Do you need to add or remove a member: Add Remove

Surname: Mr Mrs Ms Miss _____

Given Names: _____

Address: _____

Date of Change: _____

Do you need to change the Trustee: Yes No

Surname Company Name Mr Mrs Ms Miss _____

Given Names A.C.N. _____

Address Registered Office: _____

Date of Change: _____

Do you need to change the Name or Address of a Member or Trustee: Yes No

Current Details

Surname Company Name Mr Mrs Ms Miss _____

Given Names A.C.N. _____

Address Registered Office: _____

New Details:

Surname Company Name Mr Mrs Ms Miss _____

Given Names A.C.N. _____

Address Registered Office: _____

Date of Change: _____

PAYMENT DETAILS:

Credit Card:

Visa Mastercard Bankcard AMEX Diners

Card Number:

Card Holder: _____

Expiry Date /

Card Holders Signature _____

Direct Debit:

BSB: 063 303

Account No: 1004 9522

Please quote Invoice No. or company name as reference.