



## RESTRUCTURE DOCUMENTATION

PLEASE USE BLOCK CAPITAL LETTERS WHEN COMPLETING THIS FORM

Please check as appropriate and complete the relevant details.

- Trustee Resignation / Removal**
 **Trustee Appointment**
 **Admit New Member**
- Founder Resignation**
 **Founder Appointment**
 **Change Fund Name**
- Variation or Other Instructions:** \_\_\_\_\_

Was the existing trust deed established or amended by Super Concepts? If YES, Super Concepts Reference No: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

If NO, please supply a copy of the current superannuation trust deed and any minutes or variations to that trust deed.

### FUND NAME

Current Fund Name: \_\_\_\_\_

New Fund Name (if applicable): \_\_\_\_\_

### TRUSTEE and/or FOUNDER TO BE APPOINTED

Tick one or both if applicable

Please note that the Trustee may have been a party to the deed as the Founder (Principal Employer) of the Fund; if resigning / deceased, their replacement should be documented at the same time.

Effective Date of Appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Individual Trustee/s  and/or Individual Founder

Full Name/s	Date of Birth	Residential Address
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

OR

Corporate Trustee  and/or Corporate Founder

Company Name: \_\_\_\_\_ ACN: \_\_\_\_\_

Directors Full Name/s	Date of Birth	Residential Address
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

**TRUSTEE and/or FOUNDER RESIGNING OR TO BE REMOVED**

Tick one or both as required

Please note that the Trustee may have been a party to the deed as the Founder (Principal Employer) of the Fund; if resigning / deceased, their replacement should be documented at the same time.

Effective Date of Resignation: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Individual Trustee/s  and/or Individual Founder

Full Name/s	If deceased, Date of Death
_____	_____/_____/_____
_____	_____/_____/_____
_____	_____/_____/_____
_____	_____/_____/_____

OR

Corporate Trustee  and/or Corporate Founder

Company Name: \_\_\_\_\_ ACN: \_\_\_\_\_

Directors Full Name/s	If deceased, Date of Death
_____	_____/_____/_____
_____	_____/_____/_____
_____	_____/_____/_____
_____	_____/_____/_____

**MEMBER/S TO BE ADMITTED**

If you require documentation in respect of payment or transfer of a member's benefit we can advise you of the specific information required.

Effective Date of Admission: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Full Name/s	Date of Birth	Residential Address
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____

**PRIMARY CONTACT DETAILS**

We will use the primary contact details below for billing, delivery and future contact purposes. If you wish to vary the contact details for either billing or delivery please provide particulars separately.

Is the primary contact: Trustee/Member  Accountant  Adviser  Other

Name: Mr/Mrs/Ms \_\_\_\_\_

Company/Business (if applicable): \_\_\_\_\_

Dealer Group (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ P/Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**NAME AND SIGNATURE OF PERSON AUTHORISING RESTRUCTURE**

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

**PRIVACY**

Super Concepts Pty Ltd (ABN 67 007 437 907) a member of the ING group, is committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy detailing how we manage personal information is available on request. If you wish to obtain a copy, contact Super Concepts on 03 9894 1442. Alternatively, you can visit our website at [www.superconcepts.com.au](http://www.superconcepts.com.au)

Super Concepts Pty Ltd (ABN 67 007 437 907) is a Corporate Authorised Representative of ING Financial Planning Pty Limited (ABN 18 003 318 330, AFSL 260520)