

# Deed Upgrade Request

Campaign Code (if applicable)

## The Service

### About the service

Ensure your trust deed remains up to date and complies with all current superannuation legislation. Our Upgrade Kit includes:

- all relevant letters, minutes and templates
- the latest Trust Deed

### For more information

If you have any questions about the service or completing this form

Visit our website

[www.superconcepts.com.au](http://www.superconcepts.com.au)

Call us on

1800 625 644

Email us at

[trusteeservices@superorganised.com.au](mailto:trusteeservices@superorganised.com.au)

## Applying for the service

### Complete this form

- Please write clearly and use black pen to complete the form.
- Please mark boxes like this  with a ✓ or ✗.
- Where you see a box like this  skip to the section shown.
- Please ensure that you complete all required sections, provide all supporting documents and have signed and dated this form.

### Return this form

By mail: Super Concepts  
PO Box 324  
North Sydney NSW 2059

By fax: 03 9560 2438

By email: [trusteeservices@superorganised.com.au](mailto:trusteeservices@superorganised.com.au)

## 1. Fund details

Fund name

Commencement date

/

/

ABN

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Was the existing Trust Deed established or amended by Super Concepts?

Yes

Please state the Super Concepts Fund ID:

No

Please attach a copy of the fund's Trust Deed together with minutes or other documentation relating to variations to fund name, structure or membership.

## 2. Fund Trustee details

Individual Trustee/s – Go to Section 4

or

Existing Trustee Company – Go to Section 3

## 3. Existing Fund Trustee Company details

Full company name

ACN

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Please attach a copy of the current ASIC company statement to confirm Directors and registered office details.

#### 4. Fund Structure

##### Trustee 1

Capacity	<input type="checkbox"/>	Individual Trustee	or	<input type="checkbox"/>	Director of Trustee Company
Fund member	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Name					
Gender	<input type="checkbox"/>	Male	or	<input type="checkbox"/>	Female
Residential address					
Phone					
Email					
Date of birth		/		/	

##### Trustee 2

Capacity	<input type="checkbox"/>	Individual Trustee	or	<input type="checkbox"/>	Director of Trustee Company
Fund member	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Name					
Gender	<input type="checkbox"/>	Male	or	<input type="checkbox"/>	Female
Residential address					
Phone					
Email					
Date of birth		/		/	

##### Trustee 3

Capacity	<input type="checkbox"/>	Individual Trustee	or	<input type="checkbox"/>	Director of Trustee Company
Fund member	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Name					
Gender	<input type="checkbox"/>	Male	or	<input type="checkbox"/>	Female
Residential address					
Phone					
Email					
Date of birth		/		/	

#### 4. Fund Structure (continued)

##### Trustee 4

Capacity	<input type="checkbox"/>	Individual Trustee	or	<input type="checkbox"/>	Director of Trustee Company							
Fund member	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No							
Name												
Gender	<input type="checkbox"/>	Male	or	<input type="checkbox"/>	Female							
Residential address												
Phone												
Email												
Date of birth			/					/				

#### 5. Delivery – Trust Deed Upgrade Kit

Please select your preferred format:

<input type="checkbox"/>	Electronic (soft copy)	or	<input type="checkbox"/>	Hardcopy
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#### 6. Fees (prices quoted are inclusive of GST)

The fees for this service are as follows:

	Fee
Upgrade an earlier version of the Super Concepts Trust Deed	\$220
Upgrade from a non-Super Concepts Trust Deed	\$330
<i>Optional</i> Hard Copy delivery of documents	\$50

## 7. Payment details

### Cheque

Please enclose a cheque made payable to **“Super Concepts Pty Ltd”**

### Credit Card

Type of card	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Amount	
Credit card number			CVV	
Expiry date		/		
Name on card				
Signature	✕			

### Electronic Funds Transfer (EFT)

Account Name: Super Concepts  
BSB: 032 099  
Account number: 615086  
Please quote: Your Superannuation Fund Name (as detailed in **section 1**)

## 8. Primary Contact details

These details will be used for all correspondence, contact, delivery and billing purposes.

Trustee

Nominated Representative e.g. Adviser (please specify)

Name			
Company			
Dealer Group			
Address			
Postal Address			
Phone	Fax	Mobile	
Email			

## 9. Checklist

Before submitting your application please ensure you have:

Attached a copy of the current ASIC statement (if you answered "Existing Trustee Company" in **section 3**)

Completed all member details (refer to **section 4**)

Included payment details / cheque (refer to **section 7**)

**Important Note:** Providing incomplete details will delay the processing of your application. Please ensure that you have completed all relevant sections and provided all additional information where required.

## 10. Declaration

By signing below, I, on behalf of the trustees of the Fund:

- declare that I am authorised to make declarations on behalf of the persons named in this application form.
- declare that the information completed on this Application Form is complete and to the best of my knowledge, accurate and correct. To the extent that any information is subsequently identified as incorrect or found to be omitted from this Application Form, I authorise Super Concepts to correct any errors and complete any omissions on this Application Form, following my confirmation (either orally or in writing);
- acknowledge that I have read and understood the Terms and Conditions for the Service and the Service Material, as updated from time to time, and agree to be bound by them;
- have read and understood the Fee Schedule applicable for the Services, found at [www.superconcepts.com.au](http://www.superconcepts.com.au) as updated from time to time and agree to be bound by them;
- authorise the collection, use and disclosure of my personal information for the purpose of the assessment of the application and if accepted, the management and administration of services in which I have applied. I understand that unless I consent to the collection, use and disclosure of this information, Super Concepts will not be able to process my application or deliver the relevant Service(s);
- understand that Super Concepts may routinely disclose my personal information to third parties such as: organisations undertaking compliance functions of Super Concepts' information; organisations maintaining Super Concepts' information technology system; authorised financial institutions; organisations providing mailing and printing services and my nominated representative (if applicable); and,
- accept that Super Concepts or any of its related bodies corporate may send me information about its services from time to time. I understand that I may notify Super Concepts of my decision not to receive further information by contacting Super Concepts directly.

Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name	<input type="text"/>											