

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: \_\_\_\_\_

*By signing this order form, I accept, on behalf of my firm, full liability for the payment of the invoice relating to this order. Shelcom Corporate Services Australia Pty. Ltd. will not accept transfer of this liability to a third party.*

Binding:  Comb Binding  Heat Seal

#### CURRENT 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)**

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.