

JOIN ANNUAL UPDATE SERVICE — KEEP SMSF GOVERNING RULES COMPLIANT

NAME OF FUND _____

By completing this form, you warrant that you have read, understood and agree to the terms and conditions of use for the Annual Update Service located at www.dbalawyers.com.au/annual-update-service

SECTION A: PERSON ORDERING

Person ordering _____ **Signature** _____

Company name (if applicable) _____

Street address _____

Postal address (if different) _____

Phone _____ Fax _____ Email _____

SECTION B(I): TIME-SAVING TIP — if:

- (1) the Fund's operative deed is a post-2002 DBA Butler deed; and
- (2) you warrant that (a) no changes in name, trusteeship or membership (or addresses) have occurred since the operative deed was made; and (b) no variations to the operative deed have occurred since the operative deed was made;

just write the reference number on the front cover of the deed _____ and write the date that the deed was executed _____ and you've finished this form! Now just send us this form and an executed copy of the latest deed. Otherwise, go to Section C(II) below.

SECTION B(II): REQUIRED DOCUMENTS — PLEASE MAIL THESE DOCUMENTS TO US

The original deed which set up the fund dated (dd/mm/yyyy) _____ / _____ / _____

Any deeds that later varied the original deed, plus any resolutions or changes of trustee, dated:

_____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Please also supply all consents and notifications in respect of all prior variations. Note that unless a complete document trail is made available, a disclaimer will be issued reflecting the documents supplied.

SECTION C: TRUSTEE DETAILS

If trustee is a company, provide following details:

Name of company _____ ACN _____ - _____ - _____

Registered address _____

Are trustees individuals? (tick here for yes)

SECTION D: MEMBER/TRUSTEE/DIRECTOR DETAILS

1	Full Name	
	Street Address	
	Tick all applicable boxes: Director of trustee? <input type="checkbox"/> Individual trustee? <input type="checkbox"/> Fund member? <input type="checkbox"/>	

2	Full Name	
	Street Address	
	Tick all applicable boxes: Director of trustee? <input type="checkbox"/> Individual trustee? <input type="checkbox"/> Fund member? <input type="checkbox"/>	

3	Full Name	
	Street Address	
	Tick all applicable boxes: Director of trustee? <input type="checkbox"/> Individual trustee? <input type="checkbox"/> Fund member? <input type="checkbox"/>	

4	Full Name	
	Street Address	
	Tick all applicable boxes: Director of trustee? <input type="checkbox"/> Individual trustee? <input type="checkbox"/> Fund member? <input type="checkbox"/>	

Note that any member that is employed by another member or related entity must be a relative or a director of the employer-sponsor. Also persons previously convicted of an offence involving dishonesty are disqualified from being trustee/members of an SMSF. Severe penalties can be imposed for breach of these rules.

SECTION E: DETAILS OF EACH EMPLOYER THAT CONTRIBUTES TO THE FUND

If no employer contributes to this fund then go directly to Section F.

If employer is identical to the trustee company, tick here and go directly to Section F. If more than one employer, please provide additional details at Section G, below.

Name _____ ACN _____ - _____

Registered address _____

Full names of all directors of company

E 1		E 2	
E 3		E 4	

SECTION F: SPECIAL INSTRUCTIONS
