

Note: This Trust Deed Variation will convert any fund from employer controlled to member controlled.

Please forward this form complete with authorised signature, a copy of the most recent Trust Deed and articles, as well as documentation for changes to Trustees to:

Multiport Pty Ltd
PO Box N316,
Grosvenor Place, NSW 1220

Please direct any enquiries to us by phone on 1300 364 672 or by email to help@multiport.com.au

SECTION 1 - FUND DETAILS

Fund name

Date of commencement of fund

Structure of existing deed Member Controlled Employer Controlled

SECTION 2 - FUND CONTACT DETAILS

Contact Name

Postal Address

Contact Telephone (Business Hours)

Mobile

Facsimile

Email

SECTION 3 - COMPANY TRUSTEE

Full Name

ACN

Registered Office Address

If company as trustee, please specify (from page 2) using A,B,C or D, who is the Chairman Secretary

SECTION 4 - EMPLOYER (NOT NECESSARY FOR MEMBER CONTROLLED FUND)

Please indicate if: Company Partnership Other (specify)

Full Name

ACN

Registered Office Address

If employer controlled, please specify the Directors or Partners of the employers on page 2 of this form.

SECTION 5 - INDIVIDUAL DATA

	Person A (Founding member)	Person B	Person C	Person D
Surname	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Given name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Gender	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Date of birth	/ /	/ /	/ /	/ /
Residential address	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Member of fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate if either	<input type="checkbox"/> Individual Trustee <input type="checkbox"/> Trustee Director	<input type="checkbox"/> Individual Trustee <input type="checkbox"/> Trustee Director	<input type="checkbox"/> Individual Trustee <input type="checkbox"/> Trustee Director	<input type="checkbox"/> Individual Trustee <input type="checkbox"/> Trustee Director
If employer controlled, please indicate if	<input type="checkbox"/> Director / Partner of employer	<input type="checkbox"/> Director / Partner of employer	<input type="checkbox"/> Director / Partner of employer	<input type="checkbox"/> Director / Partner of employer

SECTION 6 - DEATH BENEFIT NOMINATION

Beneficiary Name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Relationship to member	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Address	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Proportion	%	%	%	%
Please indicate if either	<input type="checkbox"/> Binding <input type="checkbox"/> Non-Binding <input type="checkbox"/> Non Lapsing Binding	<input type="checkbox"/> Binding <input type="checkbox"/> Non-Binding <input type="checkbox"/> Non Lapsing Binding	<input type="checkbox"/> Binding <input type="checkbox"/> Non-Binding <input type="checkbox"/> Non Lapsing Binding	<input type="checkbox"/> Binding <input type="checkbox"/> Non-Binding <input type="checkbox"/> Non Lapsing Binding

SECTION 7 - MINUTES

If minutes are a historical record that Trustees decided to amend the Fund's Trust Deed and the Members and Employer (if applicable) consented.

Place of meeting

Date of meeting

On this day all persons specified above were Present Not present at the meeting

Specify those not present

Note: for Trustee meetings a quorum of two persons is required unless the Trustee is a single director company.

SECTION 8 - DECLARATION

I hereby instruct Multiport PTY LTD to provide the necessary documentation to vary the trust deed for the above named fund and agree to the fee specified. I acknowledge that the accuracy of the documentation is dependent on the information provided and I hereby certify that the above information is true and correct.

Fee of Service

Trustee signature

Date