



TO: Cooper Grace Ward
Level 21, 400 George Street, Brisbane 4000
GPO Box 834, Brisbane 4001

F 61 7 3231 8402
T 61 7 3231 2402
E applications@cgw.com.au
W www.cgw.com.au

1. Applicant / Accountant details

Firm name:						
Contact name:						
Telephone:		Fax:				
Email address:						
Postal address:						
Suburb/City:		State:		Postcode:		
Street Address:						
Suburb/City:		State:		Postcode:		

How would you like the deed sent to you?

Email PDF copy Hard copy

2. Work to be completed

Trust deed update only:	<input type="checkbox"/> (complete sections 1 to 6)
Change of trustee only:	<input type="checkbox"/> (complete sections 1 to 8)
Both trust deed update and change of trustee:	<input type="checkbox"/> (complete sections 1 to 8)

3. Fund name

Name of fund:	
---------------	--

4. Please send us the following documents with this application form

Complete copy of signed trust deed:	<input type="checkbox"/>
All deeds of variation and other documents:	<input type="checkbox"/>
All change of trustee documents:	<input type="checkbox"/>

5. Fund assets

All assets held by the current trustees will have to be transferred to the new trustees when the trustee is changed.

What assets does the fund hold?	<input type="checkbox"/> real estate <input type="checkbox"/> shares <input type="checkbox"/> cash <input type="checkbox"/> other _____
Where does the fund hold assets?	QLD NSW VIC WA SA TAS NT ACT Overseas

6. Member details

Our documents are prepared on the basis that all benefits are fully vested prior to the variation or change of trustee. If this is not the case, please indicate the class of membership for each member under the current deed.

(a)	Full name:		
	The member has:	<input type="checkbox"/> lost capacity	The member's attorney is:
		<input type="checkbox"/> died	The member's executor is: Date of death:
(b)	Full name:		
	The member has:	<input type="checkbox"/> lost capacity	The member's attorney is:
		<input type="checkbox"/> died	The member's executor is: Date of death:
(c)	Full name:		
	The member has:	<input type="checkbox"/> lost capacity	The member's attorney is:
		<input type="checkbox"/> died	The member's executor is: Date of death:
(d)	Full name:		
	The member has:	<input type="checkbox"/> lost capacity	The member's attorney is:
		<input type="checkbox"/> died	The member's executor is: Date of death:

7. Current trustee details

(a)	Name:		
	ACN (if company):		
	Full names of all directors (if company):		
	Address of individual trustee or directors of trustee company:		
	This trustee is:	<input type="checkbox"/> continuing to act as a trustee <input type="checkbox"/> retiring as a trustee (choose one only)	
(b)	Name:		
	Address of individual trustee:		
	This trustee is:	<input type="checkbox"/> continuing to act as a trustee <input type="checkbox"/> retiring as a trustee (choose one only)	

8. Change of trustee

Complete the section below if you also wish to change the trustee.

New trustee details		
(a)	Name:	
	ACN (if company):	
	Full names of all directors (if company):	
	Address of individual trustee or directors of trustee company:	
(b)	Name:	
	Address of individual trustee:	

Please send this form to Cooper Grace Ward with the relevant documents.

Signature of applicant

Date

OPTIONAL – Payment by credit card

If you would like to pay by credit card, please complete the section below. If you would prefer we disburse our costs to your next account, please leave this section blank.

Card type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		
Card number:		Expiry date (mm/yy):	/ /
Name of cardholder:		Amount:	
Signature of cardholder:	_____		
Date:	/ /	Contact phone no.:	