

INSTRUCTION FORM: CHANGE OF TRUSTEE

YOUR DETAILS

I am an advisor to an individual seeking to change a trustee
 an individual seeking to change a trustee

Full name

Address

Phone

Email

DETAILS OF TRUST

Name of Trust

Date of trust deed

APPOINTOR

Full name

Address

RESIGNING TRUSTEE

The trustee is a company an individual

Full name/Company name

ACN (if applicable)

Address/Registered office address

CONTINUING TRUSTEE

(If applicable)

The trustee is a company an individual

Full name/Company name

ACN (if applicable)

Address/Registered office address

NEW TRUSTEE

The trustee is a company an individual

Full name/Company name

ACN (if applicable)

Address/Registered office address

If you have additional trustees, please include all relevant details in the textbox at the end of this form.

ORIGINAL TRUST DEED(S)

Once you submit this form, please attach your original trust deed (and any deed of variation to the original trust deed) to the return email.

Alternatively, please forward to:

Shelfdocs
GPO Box 467
ADELAIDE SA 5001

Please note the trust deed is required before any documents can be finalised.

Are there any other instructions we should know (including additional trustees etc)?

BILLING

Your chosen payment method:

Cheque in mail

Direct deposit

Bankcard

Mastercard

Visa

Please send me an invoice, which I agree to pay within 14 days

Card number

Name of cardholder

Expiry date

Direct deposit details:

National Bank Australia (Pirie Street)

BSB: 085-005 Account: 525 554 575

Reference: "Shelfdocs [INSERT YOUR COMPANY NAME HERE]"