pro-super australia pty ltd A.C.N 097 625 235 level 19, 10 eagle street brisbane qld 4001 gpo box 26 brisbane qld 4001

freecall 1800 641 146 freefax 1800 024 831 prosuper@prosuper.com.au

Change (	of Trustee	<b>Order Forn</b>	n
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From:			
Firm:			
Phone:			
e-mail·			

p. 233.p3.	prosuper@prosuper.com.au	L					
	FU	ND DET	AILS				
Name of Fund:							
Date of the Original D	eed: Da	te of Last A	Amendment (	(If applicable)	):		
Meeting Address:							
Would you like the tr	rust deed updated at this tin	ne? (Addi	tional cost of	\$55)	Yes	(If yes, a Deed of Amendment Order Form is not needed.)	No
	RESIGNIN	IG TRUS	TEE DET	AILS			
For Corporate Tr	<u>ustees:</u>						
Company Name:						A.C.N.	
Registered Office Street Add	ress:						
Names of Directors:							
For Individual Tru	ustees: (PLEASE INDICATE	'DECD' IN	CASES OF DE	ECEASED	TRUS	STEE)	
Names of Trustees:			ss: (or indicat			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			•	•			
	CONTINUIN	IG TRUS	TEE DET	AILS			
Names of Trustees:	Stı	reet Addres	SS:				

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## **NEW TRUSTEE DETAILS**

For Corporate T	rustees:						
Company Name:						A.C.N.	
Registered Office Street	Address:						
Names of Directors:							
For Individual T	rustees:						
Names of Trustee(s)	):		Street Address:				
		ME	MBER DETAILS	3			
Names of Members	:						
is the current De If not, please pro			Yes No nal trust deed and	the most red	ent ame	ndment	if applicable.
Payment Details if paying by credit card:  Please debit the following credit card by the amount of \$			Instruction	Request	<u>s:</u>		
		of \$	punch the De	eds or atta	ich a file s	enience we can hole trip to the spine.	
TYPE OF CARD:	Visa	MasterCard		Please selec	t from the f 3hp		
CARD NUMBER:				File strip Please send		2hp	No hp/no file strip
NAME ON CARD:				. 10000 00110	2 3011 00p100		
EXPIRY DATE:		CCV:					
SIGNATURE:							