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	Order Forn	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 Company Name:	Trustees:					A.C.N.	
Registered Office Street	et Address:					A.O.N.	
Names of Directors:							
For Individual	Trustees:						
Names of Trustee	(s):		Street Address:				
		ME	MBER DETAIL	S			
Names of Membe	rs:						
is the current	Deed a Pro-	Super Deed?	Yes No				
			nal trust deed and	I the most red	cent ame	ndment	if applicable.
Payment Details if paying by credit card:				Instruction	Request	s:	
Please debit the following credit card by the amount of \$		of \$	<u>Deed Preparation:</u> For your convenience we punch the Deeds or attach a file strip to the				
TYPE OF CARD:	Visa	MasterCard		Please selection	t from the f 3hp	following o 2hp	ptions: No hp/no file strip
CARD NUMBER:				·	d soft copies		
NAME ON CARD:							
EXPIRY DATE:		CVC:					
SIGNATURE:							