



prosuper

pro-super australia Pty Ltd

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prosuper@prosuper.com.au

Change of Trustee Order Form

Name:
Firm:
Phone:
e-mail:

FUND DETAILS

Name of Fund:

Date of Original Deed:

Date of Last Deed Update:

Please choose: ☐ Minute of Meeting
☐ Circular Resolution

Meeting address: (if required)

Would you like the trust deed updated at this time? (Additional cost of \$55) ☐ YES ☐ NO

IS THE CURRENT DEED A PROSUPER DEED? ☐ Yes ☐ No

If not, please provide a copy of the original trust deed and the most recent amendment if applicable.

ANTI MONEY LAUNDERING / CTF CONFIRMATION

AML/CTF Confirmation

We confirm that we have completed all required AML/CTF processes, including customer due diligence and identity verification for the parties involved in this order, and consent to Pro-Super relying on those verifications for AML/CTF purposes, including providing evidence of compliance to Pro-Super, if required.

☐ YES ☐ NO, please organise AML/CTF Verification as part of this order

NB. If you require Pro-Super to complete AML/CTF Verification, an additional fee of \$35 per individual (ie: trustee/director, member) will apply to this order and we will be in contact for further client details.

RESIGNING TRUSTEE DETAILS

For Corporate Trustees:

Company Name:

A.C.N.

Registered Office
Street Address :

Names of Directors/Resigning Individual Trustees
FULL LEGAL NAMES REQUIRED

Street address for Resigning Individual Trustees
(or indicate DECEASED)

CONTINUING TRUSTEE DETAILS

Names of Continuing Individual Trustees:

Street Address for Continuing Individual Trustees:

FULL LEGAL NAMES REQUIRED

NEW TRUSTEE DETAILS

For Corporate Trustees:

Company Name:

A.C.N.

Registered Office
Street Address :

Names of Directors / New Individual Trustees

Street Address for ALL Directors/ Individual Trustees

FULL LEGAL NAMES REQUIRED

MEMBER DETAILS

Names of Members:

For New Members only
- if Member Admission documents are required, please check box and complete DOB details

☐	D.O.B.	
☐	D.O.B.	
☐	D.O.B.	
☐	D.O.B.	
☐	D.O.B.	
☐	D.O.B.	

Payment Details if paying by credit card (Visa and Mastercard accepted)

Please debit the following credit card by the amount of \$

NUMBER:

NAME ON CARD:

EXPIRY DATE: SECURITY:

SIGNATURE:

Instruction Requests:

- ☐ PDF copies only (discount applies)
- ☐ Hard copies and PDF copies

Other Instructions (hole punch, delivery and invoicing)

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