

Variation Order Form
Self Managed
Superannuation Fund Trust

Ph 1800 815 161 Fax 1800 818 998

PDF Variation email delivery

Bound Variation couriered

Bound Variation couriered & PDF emailed

Binding Nomination per member

Email gkm@gkm.com.au

\$245

\$290

\$300

\$35



Variation ordered by Firm

Contact Name

Phone number Email

Fund Details

Full name of Superannuation Fund

Date of original Deed Dates of any prior Variations

Laws of which State/Territory apply to Fund

If known, what is the Clause No. which allows for variation or amendment of the Deed

Trustee Details

If trustee is a company,

Full company name

A.C.N.

Full name of Director 1

Full name of Director 2

Full name of Director 3

Full name of Director 4

Registered office address of trustee company

If trustees are individuals

Full name of Trustee 1

Address of Trustee 1

Full name of Trustee 2

Address of Trustee 2

Full name of Trustee 3

Address of Trustee 3

Full name of Trustee 4

Address of Trustee 4

Variation for Self Managed Superannuation Fund Trust

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Page 2

Member Details	
Full name of Member 1	
Address of Member 1	
Full name of Member 2	
Address of Member 2	
Full name of Member 3	
Address of Member 3	
Full name of Member 4	
Address of Member 4	
Full name of Member 5	
Address of Member 5	
Full name of Member 6	
Address of Member 6	
Is there an Employer Sponsor	Name of Co
A.C.N. and address	
Delivery instructions	
Send documents to Ordering Firm	
Send documents to alternate address	
Email address for PDF if applicable	

I hereby request you to print on my behalf a Deed of Variation for the above referred Superannuation Trust Deed in accordance with the details contained on this form. In making this request I acknowledge and agree that you have not been requested nor expected to advise me or any other person in any respect whatsoever in relation thereto and that the limit of your instructions is simply to print the trust in accordance with the details supplied by me. I acknowledge that the invoice issued by GKM & Associates for this Deed of Variation Trust document is payable with 14 days from the date of invoice by the orderer.



Binding Nomination ordered by Firm	
Contact Name	
Phone number	Email
Fund Details	
Full name of Superannuation Fund	
Year this document is to be signed	
Member making this Binding Nomination Details	
Full name of the Member making this Binding Nomination	
Full address of Member	
Date of birth of the Member making this Binding Nomination	
Percentage of benefit to be received by your estate (if any)	
Dependent 1	
Full name of Dependent	
Full address of this Dependent	
Date of birth of this Dependent	
Percentage of benefit to be received by the first Dependent	
Choose whichever description best describes your relationship with this person	<input type="checkbox"/> My spouse <input type="checkbox"/> My defacto partner <input type="checkbox"/> A child of mine less than 18 <input type="checkbox"/> A person who is financially dependent on me <input type="checkbox"/> A person with whom I have an independency relationship with
Dependent 2	
Full name of Dependent	
Full address of this Dependent	
Date of birth of this Dependent	
Percentage of benefit to be received by the second Dependent	
Choose whichever description best describes your relationship with this person	<input type="checkbox"/> My spouse <input type="checkbox"/> My defacto partner <input type="checkbox"/> A child of mine less than 18 <input type="checkbox"/> A person who is financially dependent on me <input type="checkbox"/> A person with whom I have an independency relationship with

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Page 4

Binding Nomination order form continued for Dependents 3 and 4

Fund Details

Full name of Superannuation Fund

Dependent 3

Full name of Dependent

Full address of this Dependent

Date of birth of this Dependent

Percentage of benefit to be received by the third Dependent

Choose whichever description best describes your relationship with this person

- My spouse
- My defacto partner
- A child of mine less than 18
- A person who is financially dependent on me
- A person with whom I have an independency relationship with

Dependent 4

Full name of Dependent

Full address of this Dependent

Date of birth of this Dependent

Percentage of benefit to be received by the fourth Dependent

Choose whichever description best describes your relationship with this person

- My spouse
- My defacto partner
- A child of mine less than 18
- A person who is financially dependent on me
- A person with whom I have an independency relationship with

Delivery instructions

Send documents to Ordering Firm

Send documents to alternate address

Email address for PDF if applicable

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