

PATRICIA HOLDINGS (QLD) PTY. LTD.

ABN 67 009 935 148

ACN 009 935 148

SHELF COMPANY FORMATIONS COMPANY FORMATION SERVICES

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Contact name & phone number: _____

Electronic version required: YES / NO

If yes, email address: _____

SIMPLE DEED OF VARIATION OF SUPER FUND ORDER FORM

Name of Superannuation Fund: _____

Date of Deed of Variation of Super Fund: _____

Date of Superannuation Fund: (existing deed) _____

State of Applicable Law: (please circle) QLD NSW ACT WA SA NT VIC TAS

If the Trustee is a company:

Name and ACN: _____

Full Name of First Director: _____

Full Name of Second Director: _____

Full Name of Third Director: _____

Full Name of Fourth Director: _____

If the Trustee(s) are individuals:

Full Name of First Trustee: _____

Full Name of Second Trustee: _____

Full Name of Third Trustee: _____

Full Name of Fourth Trustee: _____

Power of Amendment -
Who has the power to amend
the Superannuation Fund?

- Option A – Trustee Only
 Option B – Trustee with consent of another
 Option C – Trustee with approval or sanction of another
 Option D – Trustee and another

If Option B, C or D are chosen:

Description of "Other": _____

(eg. Employer, Founder, Standard Employer Sponsor, Members, Standard Employer Sponsor and Members. If no label is given to other person/entity in deed insert most relevant description.)

Full Name of First Other: _____

Full Name of Second Other: _____

Full Name of Third Other: _____

Full Name of Fourth Other: _____

Full Name of Fifth Other: _____

Full Name of Sixth Other: _____