



**QUAY
SUPER
SOLUTIONS**

Self Managed Super Specialists

INITIAL DEED UPGRADE INSTRUCTION SHEET

158 High Street Fremantle WA 6160
PO Box 39 Fremantle WA 6959
Ph: 08 9335 5211
Fx: 08 9335 2451
admin@quaysuper.com.au
www.fajfp.com.au
ABN 92 827 728 023

Firm name:		
Contact person:		
Delivery address:		
Phone:	Fax:	Email:

Name of fund:	
Date of deed variation:	/ / 20
Date of original deed:	/ /
Any deeds which later varied the original deed (including any change of trustee deeds) dated:	/ / / / / /
Postal address:	

Number of members: (maximum 4)	
Individual 1 surname:	
Individual 1 given names:	
Individual 1 residential address: (not postal)	
DOB:	
Does this member have a legal disability?	Is this person a member: Yes / No
Tax file number (optional):	Is this person a trustee: Yes / No

Individual 2 surname:	
Individual 2 given names:	
Individual 2 residential address: (not postal)	
DOB:	
Does this member have a legal disability?	Is this person a member: Yes / No
Tax file number (optional):	Is this person a trustee: Yes / No

Individual 3 surname:	
Individual 3 given names:	
Individual 3 residential address: (not postal)	
DOB:	
Does this member have a legal disability?	Is this person a member: Yes / No
Tax file number (optional):	Is this person a trustee: Yes / No

Individual 4 surname:	
Individual 4 given names:	
Individual 4 residential address: (not postal)	
DOB:	
Does this member have a legal disability?	Is this person a member: Yes / No
Tax file number (optional):	Is this person a trustee: Yes / No

Disclaimer: We prepare documents based on your written instructions. We provide no advice unless specifically requested to in writing. Tax and superannuation rules are subject to ongoing changes and substantial penalties can be imposed for any breach. Accordingly expert advice should be obtained whenever in doubt.



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Name of corporate trustee: (if applicable)	
Director 1:	
Director 2:	
Director 3:	
Director 4:	
ACN:	
ABN:	
Date of incorporation:	
Address of registered office:	

Trustee meeting address:	

Special instructions:	

Signed by person placing order:	Date: / /
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- Enclose cheque payable to Quay Super Solutions for \$561
- Please debit my: Mastercard Visa for \$561



Expiry date: /
Cardholders name:
Cardholders signature:

- Direct deposit into: BSB 066 107 Account number 10338784
- We will send you a tax invoice in due course.

Please send completed form to either:

PO Box 39 Fremantle WA 6959
Fax: (08) 9335 2451
Email: order@quaysuper.com.au