SELF MANAGED SUPER FUND FULL REPLACEMENT



| Fund Information: | NOTES |
|--|-------|
| □ The name of the Fund □ Fund address □ Date of Deed that first established your Self-Managed Super Deed | |
| Current Members: | |
| ☐ The name of a Member☐ Member address | |
| Trustee: | |
| ☐ All the members are Trustees | |
| OR | |
| ☐ If only one member, then give:➤ The name of a Co-Trustee➤ Trustee address | |
| OR | |
| ☐ If the Trustee is a company, then give: | |
| Trustee company nameTrustee ACN | |
| Trustee address | |

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