

Employer alteration advice

Connelly Temple Super Savings Plan



Asteron Portfolio Services Limited ABN 61 063 427 958 AFS Licence No 237905
Level 23 2 Market Street Sydney NSW 2000
Telephone 1300 361 755

1. Employer details

Company name	<input type="text"/>		
Trading name	<input type="text"/>		
Associated names	<input type="text"/>		
ABN	<input type="text"/>	ANZSIC code	<input type="text"/>
Employer account no.	<input type="text"/>		

2. Change of address details

Business address	<input type="text"/>		
	<input type="text"/>	State	<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>
Postal address	<input type="text"/>		
	<input type="text"/>	State	<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>

3. Change of contact details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>
Name	<input type="text"/>					
Position	<input type="text"/>					
Telephone	<input type="text"/>	Fax	<input type="text"/>			
Mobile	<input type="text"/>	Email	<input type="text"/>			

4. Change of business name

Former name	<input type="text"/>
New name	<input type="text"/>

Please attach a certified copy of your certificate of registration of business name or company name.

5. Change of authorised representative details

The Trustee is authorised to accept on behalf of the employer the signature of any person as advised by the employer (including those nominated hereunder) for the purpose of any request for payment of monies from the Plan or making any communication required to facilitate the administration of the Plan.

Full name of representative	Position	Signature of representative
<input type="text"/>	<input type="text"/>	<input type="text" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="X"/>

The employer appoints each of the above persons as a representative as set out above.

Signed Director/Secretary/Owner

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6. Declaration

I hereby declare that the information provided above is true and correct.

Employer's signature

Director/Secretary/Owner

Print name

Date

Please forward form to:

Connelly Temple Super Savings Plan
GPO Box 1576 Sydney NSW 2001