

Superannuation Fund Establishment Request

| | | | |
|------|----------------------|-------|----------------------|
| Name | <input type="text"/> | | |
| Firm | <input type="text"/> | Phone | <input type="text"/> |
| Date | <input type="text"/> | Email | <input type="text"/> |

Fund Details

| | | | |
|--|----------------------|-------------------------------|--|
| Name of Fund | <input type="text"/> | | |
| Street Address for first meeting | <input type="text"/> | | |
| Date of Establishment | <input type="text"/> | | |
| Type of Fund | <input type="text"/> | <i>If employee sponsored:</i> | |
| Employer Name | <input type="text"/> | | |
| Employer Address | <input type="text"/> | | |
| Register for GST | <input type="text"/> | | |
| Type of Trustee | <input type="text"/> | | |
| Do we need to apply for a corporate trustee? | <input type="text"/> | <i>If yes:</i> | |
| Corporate Trustee Name | <input type="text"/> | | |
| Corporate Trustee A.C.N | <input type="text"/> | | |

Trustees & Members

NOTE: Full, verifiable name and address details are required.

| | | | | |
|--|----------------------|-----------------------------------|------------------------------------|--|
| Corporate Trustee if applicable | <input type="text"/> | | | |
| ACN | <input type="text"/> | | | |
| Officer Names and Roles First Officer listed to be Chairman, first 2 Officers to be signatories. | <input type="text"/> | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | |
| | <input type="text"/> | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | |
| | <input type="text"/> | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | |
| | <input type="text"/> | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | |

#1 To be Primary Contact

| | | | | | |
|------------------------------------|---|---------------------------------|----------------------|-------|----------------------|
| Name | <input type="text"/> | | | | |
| Address | <input type="text"/> | | | | |
| Date of Birth | <input type="text"/> | TFN | <input type="text"/> | Email | <input type="text"/> |
| Employer Include ACN if company | <input type="text"/> | | | | |
| Role/s Held | <input type="checkbox"/> Individual Trustee | <input type="checkbox"/> Member | | | |

#2

Name

Address

Date of Birth **TFN** **Email**

Employer
Include ACN if company

Role/s Held Individual Trustee Member

#3

Name

Address

Date of Birth **TFN** **Email**

Employer
Include ACN if company

Role/s Held Individual Trustee Member

#4

Name

Address

Date of Birth **TFN** **Email**

Employer
Include ACN if company

Role/s Held Individual Trustee Member

Any member under a legal disability (e.g. - minors) must be represented by a Legal Representative "LPR". Please provide the full name of each LPR in the Additional Information section of this order.

Payment Details

Please debit the following card details by the amount of \$

Type of card Visa Mastercard Diners Club* Amex* * 3% surcharge applies

Card Number **Expires**

Name on Card **Signature**

Additional Information/Special Instructions

Completing this Order Form

Self Managed Superannuation Funds

Trustee/Member- Generally, under the Superannuation Industry (Supervision) Act 1993:

- a) ALL fund members must be trustees (or directors of a corporate trustee) and ALL trustees (or directors of a corporate trustee) must be fund members;
- b) sole member funds without a corporate trustee must have at least 2 individual trustees one of whom is the sole member;
- c) an SMSF must not have more than 4 members.

Legal Representative- If a member is a minor or otherwise incapacitated (infirm or mentally incapable), they must be represented by an individual trustee/director of a corporate trustee who is over 18 and having full legal capability.