

Intermediary Use ONLY

Company Name: _____

Adviser/Accountant Name: _____

Telephone: ()

*the*supergroup

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ABN. 33 202 250 180

ACN. 073 524 802

APPLICATION TO ESTABLISH A SELF-MANAGED SUPERANNUATION FUND

WITH ADMINISTRATION SERVICE

OR

WITHOUT ADMINISTRATION SERVICE

SMSF ESTABLISHMENT

Please Refer to 'Instructions' on how to complete this form.

Name of SMSF: _____

Name of Contact: _____

Name of Principals: _____

(The role of Principal is explained in the Instructions)

Trustee Type: Company (Fill out Sections A, B and C)

Individual (Fill out Sections B and C)

SECTION A Corporate Trustee Details

Do you require us to establish the Company? YES Complete all items except ACN

NO Complete * items only

*Company Name: _____ *ACN: _____

2nd Choice: _____

3rd Choice: _____

*Registered Address: _____

Occupiers name: _____
(If NOT the Company)

Proposed Secretary: _____
(All trustees will be Directors)

SECTION B TRUSTEE/ DIRECTOR(S) AND MEMBER(S) DETAILS

Trustee/ Director 1 Are You a Member? Yes No

Name: _____

Title: _____ Male Female

Date of Birth: _____

Place of Birth (city): _____ (country): _____

Postal Address: _____

Home Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Personal TFN: _____

Do you require a Binding Death Nomination? Yes No

Trustee/ Director 2

Are You a Member?

Yes

No

Name:

Title:

Male

Female

Date of Birth:

Place of Birth (city):

(country):

Postal Address:

Home Address:

Telephone:

Fax:

Email Address:

Personal TFN:

Do you require a Binding Death Nomination?

Yes

No

Trustee/ Director 3

Are You a Member?

Yes

No

Name:

Title:

Male

Female

Date of Birth:

Place of Birth (city):

(country):

Postal Address:

Home Address:

Telephone:

Fax:

Email Address:

Personal TFN:

Do you require a Binding Death Nomination?

Yes

No

Trustee/ Director 4

Are You a Member?

Yes

No

Name:

Title:

Male

Female

Date of Birth:

Place of Birth (city):

_____ (country): _____

Postal Address:

Home Address:

Telephone:

Fax:

Email Address:

Personal TFN:

Do you require a Binding Death Nomination?

Yes

No

SECTION C ATO CORRESPONDENCE

Postal Address: _____

Street Address: _____

Instructions For where to send the Fund Kit and Account:

