

SELF MANAGED SUPERANNUATION FUND

Ordered By: _____ Date: _____
 Contact Name: _____ Phone: _____
 Email Address: _____

NAME OF FUND

Name _____

PRINCIPAL EMPLOYER

Individual: Family Name _____ Given Names _____

OR

Company Name: _____ Pty Ltd ACN _____

Address:

Suite/Unit _____ Level _____ Building Name _____
 Street number and name _____
 Suburb/City _____ State _____ Post Code _____

TRUSTEE/S

1) Individual: Family Name _____ Given Names _____

Note: there must be 2x individual trustees of a Superannuation Fund

OR

Company Name: _____ Pty Ltd ACN _____

Note: If appointing a Company as trustee, then a Director of the Company must also be a Member of the Trust

Address:

Suite/Unit _____ Level _____ Building Name _____
 Street number and name _____
 Suburb/City _____ State _____ Post Code _____

2) Individual: Family Name _____ Given Names _____

Note: there must be 2x individual trustees of a Superannuation Fund

OR

Company Name: _____ Pty Ltd ACN _____

Note: If appointing a Company as trustee, then a Director of the Company must also be a Member of the Trust

Address:

Suite/Unit _____ Level _____ Building Name _____
 Street number and name _____
 Suburb/City _____ State _____ Post Code _____

ASSOCIATED EMPLOYER (if applicable)

1) **Individual:** Family Name _____ Given Names _____

OR

Company Name: _____ Pty Ltd ACN _____

Address:

Suite/Unit _____ Level _____ Building Name _____

Street number and name _____

Suburb/City _____ State _____ Post Code _____

MEMBER DETAILS

1) Name _____

Date of Birth _____ Tax File Number _____

Address

Suite/Unit _____ Level _____ Building Name _____

Street number and name _____

Suburb/City _____ State _____ Post Code _____

DEATH BENEFIT NOMINATION (if applicable)

Name _____

Address

Suite/Unit _____ Level _____ Building Name _____

Street number and name _____

Suburb/City _____ State _____ Post Code _____

Relationship to Member, Son/Daughter/Etc.: _____

MEMBER DETAILS

2) Name _____

Date of Birth _____ Tax File Number _____

Address

Suite/Unit _____ Level _____ Building Name _____

Street number and name _____

Suburb/City _____ State _____ Post Code _____

DEATH BENEFIT NOMINATION (if applicable)

Name _____

Address

Suite/Unit _____ Level _____ Building Name _____

Street number and name _____

Suburb/City _____ State _____ Post Code _____

Relationship to Member, Son/Daughter/Etc.: _____

MEMBER DETAILS

3) Name _____

Date of Birth _____ Tax File Number _____

Address

Suite/Unit _____ Level _____ Building Name _____

Street number and name _____

Suburb/City _____ State _____ Post Code _____

DEATH BENEFIT NOMINATION (if applicable)

Name _____

Address

Suite/Unit _____ Level _____ Building Name _____

Street number and name _____

Suburb/City _____ State _____ Post Code _____

Relationship to Member, Son/Daughter/Etc.: _____

AMOUNT PAYABLE: \$295

SIGNATURE _____

PAYMENT OPTIONS

Payment By Bank Deposit Please tick

Bank:	Bank of Queensland Ltd
BSB:	124-001
Account Number:	20970825
Account Name:	Professional Corporate Services

For clients who are not pre-authorised, proof of deposit must be faxed / emailed with this order.

Pre-Authorised Credit Terms Please tick

Payment By Credit Card Please tick

Type of Card Mastercard Visa

Credit Card Number _____ Expiry Date _____

Name on Card _____