

NEW SELF-MANAGED SUPERANNUATION FUND ('SMSF') with four or fewer members.

**Please complete all details in block letters*

NAME OF FUND _____

SECTION A: PERSON ORDERING FUND

PERSON ORDERING FUND _____ **Signature** _____

(documents and invoice will be directed to this person, unless otherwise stated)

Firm name (if applicable) _____

Street address _____

Postal address, if different _____

Phone _____ Fax _____ Email _____

SECTION B: TRUSTEE DETAILS

If the Trustee is a Company then complete section B(i) only. If the Trustees are individuals then complete Section B(ii) only.

SECTION B(I): TRUSTEE INFORMATION WHERE TRUSTEE IS A COMPANY

Name _____ ACN _____ - _____

Address of Registered Office _____

Full names of all directors of trustee company

T1		T2	
T3		T4	

Go to section C on next page

SECTION B(II): TRUSTEE INFORMATION WHERE TRUSTEES ARE INDIVIDUALS

If **individual** trustees, their full names:

T1	Full Name	
	Address	

T2	Full Name	
	Address	

T3	Full Name	
	Address	

T4	Full Name	
	Address	

Any member who is employed by another member or related entity must be a director of the employer sponsor or a relative of such a director. Also persons previously convicted of an offence involving dishonesty are disqualified from being admitted to an SMSF. Severe penalties can be imposed for any breach.

SECTION C: DETAILS OF EACH EMPLOYER THAT CONTRIBUTES TO THE FUND

If no employer contributes to this fund then go directly to Section D.

EMPLOYER DETAILS

If this employer is identical to the corporate trustee information in Section B(I) then tick here and go directly to section D.

Name _____ ACN _____ - -

Address of Registered Office _____

Complete section D

SECTION D: DETAILS OF EACH MEMBER

M1	Full name	Occupation	Name of dependant
	T1? <input type="checkbox"/>		M2? <input type="checkbox"/>
	Address	Date of birth (dd/mm/yyyy) / /	Relationship to member Spouse? <input type="checkbox"/>
		Tax file number - -	Dependant's percentage 100%? <input type="checkbox"/>
M2	Full name	Occupation	Name of dependant
	T2? <input type="checkbox"/>		M1? <input type="checkbox"/>
	Address	Date of birth (dd/mm/yyyy) / /	Relationship to member Spouse? <input type="checkbox"/>
		Tax file number - -	Dependant's percentage 100%? <input type="checkbox"/>
M3	Full name	Occupation	Name of dependant
	T3? <input type="checkbox"/>		M4? <input type="checkbox"/>
	Address	Date of birth (dd/mm/yyyy) / /	Relationship to member Spouse? <input type="checkbox"/>
		Tax file number - -	Dependant's percentage 100%? <input type="checkbox"/>
M4	Full name	Occupation	Name of dependant
	T4? <input type="checkbox"/>		M3? <input type="checkbox"/>
	Address	Date of birth (dd/mm/yyyy) / /	Relationship to member Spouse? <input type="checkbox"/>
		Tax file number - -	Dependant's percentage 100%? <input type="checkbox"/>

SECTION E: Payment options:

Find enclosed Cheque: payable to SUPER MATTERS

Or Debit my Visa MasterCard Bankcard

exp. /

Signature: _____

Name of cardholder: _____

Note that:

- (a) SM is not licensed to provide financial product ('FP') advice under the Corporations Act 2001(Cth);
- (b) legal advice is only one of the matters that must be considered when making a decision on an FP; and
- (c) you should consider taking advice from the holder of an Australian Financial Services Licence before making a decision on an FP.