

SMSF Establishment – Order Form

What you are required to do to order your SMSF:

1. Complete all relevant fields in BLOCK LETTERS
2. Fax this form to Superannuation Support at (03) 8256 0117; or Email this form to admin@supersupport.com.au

SECTION A(I): PERSON/ADVISOR ORDERING FUND

YOUR NAME				Signature	
YOUR POSTAL ADDRESS					
YOUR COMPANY NAME					
DATE OF ORDER				Your Ref.	
Phone		Fax		Email	

APPLICATION FOR ABN & TFN

Would you like Superannuation Support to register the Fund with the Australian Tax Office for an ABN & TFN? Yes No

An additional Fee of \$99 applies

SECTION A(II): PAYMENT DETAILS

Enclosed is payment for a SMSF FUND ESTABLISHMENT for the sum of \$

Direct Debit Visa Card Mastercard Cheque

Card Holder Name			
Credit Card Number	-	-	-
Expiry Date	/	Authorised Card Signature	

*To pay by Direct Debit you must have a current Direct Debit agreement with Superannuation Support.

If you would like to arrange for Direct Debit for future purchases please contact Superannuation Support on 1300 762 663

SECTION B: FUND DETAILS

NAME OF FUND	
Commencement Date Required	
State of Registration of the SMSF	
Fund Street address	
Fund Postal address, if different	
Address where the meetings of the Trustees will be held	

Note: Please ensure the Fund name is unique e.g. "J & R Smith Super Fund" rather than "Smith Super Fund". DO NOT place "The" at the beginning of the name as in "The J & R Smith Super Fund". If a commencement date is not entered, the commencement date will be the date the documents are prepared.

SECTION C: DETAILS OF INDIVIDUALS ASSOCIATED WITH THE FUND

Individual 1	Full name	Sex (M/F)	
Address			
Tax File Number*	- -	Date of Birth	
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>
Member (please tick if appropriate)	<input type="checkbox"/>		

Individual 2	Full name	Sex (M/F)	
Address			
Tax File Number*	- -	Date of Birth	
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>
Member (please tick if appropriate)	<input type="checkbox"/>		

Individual 3	Full name	Sex (M/F)	
Address			
Tax File Number*	- -	Date of Birth	
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>
Member (please tick if appropriate)	<input type="checkbox"/>		

Individual 4	Full name	Sex (M/F)	
Address			
Tax File Number*	- -	Date of Birth	
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>
Member (please tick if appropriate)	<input type="checkbox"/>		

Note: Any member that is employed by another member must be a director of the employer (where a company) or a relative of the employer. Persons previously convicted of an offence involving dishonesty are disqualified from being admitted to a SMSF. Severe penalties can be imposed for any breach.

*Providing the Tax File Number (TFN) for each Member of the Fund is *not* compulsory. However after 1 July 2007, if a Member does not provide their TFN to their Fund, they will be taxed at top marginal tax rates on concessional contributions made to the fund, and the fund will not be able to accept non-concessional contributions from the Member.

SECTION D : TRUSTEE INFORMATION WHERE TRUSTEE IS A COMPANY

Name		ACN	- -
Registered Office			
Company Chairman			

Please notify us if the company above does not authorise resolutions by circulating minutes instead of having a directors meeting.