

SELF MANAGED SUPERANNUATION FUND

Ordered by (Firm) _____ Date _____
 Contact Name _____ Phone _____
 Email Address _____

NAME OF FUND _____

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 _____

OR

Company Name: _____ Pty Ltd ACN _____

Address:

Suite/Unit _____ Level _____ Building Name _____

Street number and name _____

Suburb/City _____ State _____ Post Code _____

ASSOCIATED EMPLOYER (IF APPLICABLE)

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

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

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

AMOUNT PAYABLE: \$375.00

SIGNATURE

PAYMENT OPTIONS

Online Please tick

Return to the Online Shopping Cart and select your product to make payment on line

Payment by Bank Deposit Please tick

Bank: Bank of Queensland Ltd
BSB: 124 001
Account number: 20970825
Account name: Professional Corporate Services

Payment by Credit Card - Mastercard/ Visa Please tick

Type of Card: VISA MASTERCARD

Credit card number Expiry date /

Name on Card

Pre Approved Credit Terms Please tick

PRINT AND FAX COMPLETED FORM TO 07 5535 3177