

Superannuation Fund Order Form

APPLICANT DETAILS

Name of Firm / Individual.....
 Tel. No. & Contact..... Email.....
 Delivery options: Email Mail Courier (Cbd) Client Pick-Up
 Name of Fund Commencement Date/...../.....

TRUSTEE (Please provide full name, address or registered company name, ACN, registered office and name of all directors)

Full Name Full Name
 Address Address

OR

Company Name & ACN
 Registered Address
 Name of Directors.....

MEMBERS (Please provide full name and address)

Full Name Full Name
 Address Address
 Date of Birth/...../..... Date of Birth/...../.....

Full Name Full Name
 Address Address
 Date of Birth/...../..... Date of Birth/...../.....

NAME OF CONTRIBUTING EMPLOYER (If Any)

(Please provide registered company name, ACN and registered office)

DESIGNATED BENEFICIARIES

- (a) Provide full name and address of any beneficiaries who will receive the Members entitlement in the event of death:

- (b) If to be in accordance with the Last Will and Testament

Single Member Fund – Must have two individual trustees, one of whom is a member and the other person is a relative or someone else who is not an employer of the member. Trustee may be a Company of which the member is the sole Director or one of no more than two Directors.
All other Funds – All members must be Trustees and all Trustees must be members or all members must be Directors of the Trustee Company and all Directors must be Members.