

## **SMSF Establishment**

### **Contact Details:**

Advisor Name:

.....

Advisor Company:

.....

Postal Address:

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Phone:

.....

Email:

.....

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### **Payment Details:**

Enclosed is payment for a SMSF Establishment for \$275.00

I would also like to have the Fund registered for an ABN and TFN for an extra \$99.00 (making the total \$374.00)

Direct Deposit\*

Cheque

**\*If you would like to pay via Direct Deposit, please forward your order to our office first, and we will email you an invoice with our bank account details for payment.**

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### **Fund Details:**

Name of Fund:\*

.....  
*\*Please ensure you do not place 'The' at the start of the Fund name.*

Registered address of Fund:

.....

Postal address (if different):

.....

Address of the meetings of the  
Trustees/Members:

.....

Establishment date:

/ /

.....

**Member 1 Details:**

Title: ..... Name: .....

Address: .....

Date of Birth: / / Gender:  MALE  FEMALE

Tax File Number\*: - -

Is this person an individual Trustee **or** a Director of the Corporate Trustee?  INDIVIDUAL TRUSTEE  DIRECTOR

**Member 2 Details:**

Title: ..... Name: .....

Address: .....

Date of Birth: / / Gender:  MALE  FEMALE

Tax File Number\*: - -

Is this person an individual Trustee **or** a Director of the Corporate Trustee?  INDIVIDUAL TRUSTEE  DIRECTOR

**Member 3 Details:**

Title: ..... Name: .....

Address: .....

Date of Birth: / / Gender:  MALE  FEMALE

Tax File Number\*: - -

Is this person an individual Trustee **or** a Director of the Corporate Trustee?  INDIVIDUAL TRUSTEE  DIRECTOR

**Member 4 Details:**

Title: ..... Name: .....

Address: .....

Date of Birth: / / Gender:  MALE  FEMALE

Tax File Number\*: - -

Is this person an individual Trustee **or** a Director of the Corporate Trustee?  INDIVIDUAL TRUSTEE  DIRECTOR

**\*providing the Tax file number of the Member is optional**

**Additional Individual Trustee (for single Member Funds with Individual Trustees):**

Title: ..... Name: .....

Address: .....

Date of Birth:        /        /  
.....

Gender:  MALE  FEMALE

Tax File Number\*:        -        -  
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**Corporate Trustee Details (if applicable):**

Company name: .....

ACN:                        -                        -  
.....

Registered Address: .....

Company Chairman: .....

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**Please Fax or Email this completed form to Super Registry:**

**Fax: (03) 8256 0108**

**Email: [info@superregistry.com.au](mailto:info@superregistry.com.au)**