

General Details

Date of Superannuation Fund: _____
The date should be the day on which the Trustee signs the deed.

Name of Superannuation Fund: _____
Unlike choosing a company name there is no prohibition on the name chosen for a Superannuation Fund. It should be kept in mind however that you will need to cite the name of the fund in all transactions. It is not necessary to include "the" at the start of the name of the fund but please include the words "Superannuation Fund" at the end. If the Superannuation Fund Name includes "The" tick the box within the wizard - DO NOT type it in here.

State of Applicable Law: QLD NSW VIC ACT SA

Branch Name of Bank: _____
The Fund once established, includes a resolution whereby the trustees resolve to undertake a number of steps, one of which includes opening a bank account. What should be entered in this field is the suburb where the branch is located ie Greenbank.

Name of Bank: _____
The Fund once established, includes a resolution whereby the trustees resolve to undertake a number of steps, one of which includes opening a bank account. What should be entered in this field is the name of the institution ie Westpac.

Name of Auditor of Fund: _____
At the date on which the documents are produced, it is not necessary that an auditor be appointed. If however the auditor of the Fund is known, their full name should be inserted here as it appears on their letterhead.

Name of Administrator for the Fund: _____
At the date on which the documents are produced, it is not necessary that an administrator be appointed. If however the administrator of the Fund is known, their full name should be inserted here as it appears on their letterhead.

Name of Accountant for the Fund: _____
At the date on which the documents are produced, it is not necessary that an accountant be appointed. If however the accountant of the Fund is known, their full name should be inserted here as it appears on their letterhead.

How many Applicants are applying for Membership of the Fund? 1 2 3 4
The maximum number of Applicants for a SMSF is 4.

Do you require a Product Disclosure Statement? Yes No
A Product Disclosure Statement will be required to be given to an incoming member prior to them becoming a member where that person is not to be a trustee or a director of the corporate trustee but is instead to be representing by a legal personal representative.

Name and Address of Client: _____
The details of the person(s) to whom the deed will be sent for signing should be inserted here as if they were to appear on the top of the letter.

Salutation: _____
For the letter, it is only necessary to type the name/s. The word "Dear" is already in the document.

If the Trustee is a company

Name and ACN: _____
Including ACN for example YOUR COMPANY PTY LTD ACN 000 000 000

Director Details (max 4)

Name of First Director: _____
Whenever an individual is to be referred to their full names should be used (ie including their middle name).

Address of First Director: _____

Name of Second Director: _____

Address of Second Director: _____

Name of Third Director: _____

Address of Third Director: _____

Name of Fourth Director: _____

Address of Fourth Director: _____

If the Trustee(s) are individual(s) (min 2) (max 4)

Name of First Trustee: _____

Address of First Trustee: _____

Name of Second Trustee: _____

Address of Second Trustee: _____

Name of Third Trustee: _____

Address of Third Trustee: _____

Name of Fourth Trustee: _____

Address of Fourth Trustee: _____

APPLICANT DETAILS**First Applicant**

Full Name: _____

Address: _____

Date of Birth: _____

On the establishment of the Fund, each Applicant can nominate a person(s) who will be entitled to receive the benefit payable by the trustee of the SMSF in the event of the death of the Applicant.

Name of First Beneficiary: _____

Amount of Entitlement of First Beneficiary: _____

Whilst more than one person can be nominated to receive the benefit payable by the trustee in the event of the death of the Applicant, the percentage entitlement of the total of all beneficiaries for one applicant cannot be greater than 100%. Where two beneficiaries are nominated, each beneficiary's entitlement should be expressed as 50%. Please do not include "%" at the end of the figure.

Name of Second Beneficiary: _____

Amount of Entitlement of Second Beneficiary: _____

Name of Third Beneficiary: _____

Amount of Entitlement of Third Beneficiary: _____

Name of Fourth Beneficiary: _____

Amount of Entitlement of Fourth Beneficiary: _____

Second Applicant

Full Name: _____

Address: _____

Date of Birth: _____

On the establishment of the Fund, each Applicant can nominate a person(s) who will be entitled to receive the benefit payable by the trustee of the SMSF in the event of the death of the Applicant.

Name of First Beneficiary: _____

Amount of Entitlement of First Beneficiary: _____

Name of Second Beneficiary: _____

Amount of Entitlement of Second Beneficiary: _____

Name of Third Beneficiary: _____

Amount of Entitlement of Third Beneficiary: _____

Name of Fourth Beneficiary: _____

Amount of Entitlement of Fourth Beneficiary: _____

Third Applicant

Full Name: _____

Address: _____

Date of Birth: _____

On the establishment of the Fund, each Applicant can nominate a person(s) who will be entitled to receive the benefit payable by the trustee of the SMSF in the event of the death of the Applicant.

Name of First Beneficiary: _____

Amount of Entitlement of First Beneficiary: _____

Name of Second Beneficiary: _____

Amount of Entitlement of Second Beneficiary: _____

Name of Third Beneficiary: _____

Amount of Entitlement of Third Beneficiary: _____

Name of Fourth Beneficiary: _____

Amount of Entitlement of Fourth Beneficiary: _____

Fourth Applicant

Full Name: _____

Address: _____

Date of Birth: _____

On the establishment of the Fund, each Applicant can nominate a person(s) who will be entitled to receive the benefit payable by the trustee of the SMSF in the event of the death of the Applicant.

Name of First Beneficiary: _____

Amount of Entitlement of First Beneficiary: _____

Name of Second Beneficiary: _____

Amount of Entitlement of Second Beneficiary: _____

Name of Third Beneficiary: _____

Amount of Entitlement of Third Beneficiary: _____

Name of Fourth Beneficiary: _____

Amount of Entitlement of Fourth Beneficiary: _____