

Intermediary Use ONLY

Company Name: \_\_\_\_\_

Adviser/Accountant Name: \_\_\_\_\_

Telephone: (    )

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ACN. 073 524 802

## APPLICATION TO ESTABLISH A SELF-MANAGED SUPERANNUATION FUND

WITH ADMINISTRATION SERVICE

OR

WITHOUT ADMINISTRATION SERVICE

Please refer to 'Instructions' on how to complete this form.

Name of SMSF: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

[Please refer to 'Instructions' for information on role of Principal.]

Name(s) of Principal(s): \_\_\_\_\_

\_\_\_\_\_  
[If Principal is a Corporation, please type the company name and ACN.]

Street Address: \_\_\_\_\_

\_\_\_\_\_  
[If Principal(s) are the Member(s) then type "REFER BELOW" for address details.]

[Before nominating the Trustee(s) please refer to 'Instructions'.]

Is the Trustee a Constitutional Corporation or Individuals?       Company       Individuals

If the Trustee is a Constitutional Corporation please complete sections:       A    B    C

If the Trustees are Individuals please complete sections:       B    C

Please tick box as you complete relevant section.

[Please refer to 'Instructions' for information on role of Trustee.]

**SECTION A      Corporate Trustee Details**

Company Name: \_\_\_\_\_

Company ACN/ABN: \_\_\_\_\_

Registered Address: \_\_\_\_\_

Telephone & Facsimile:      (    )      (    )

E-mail Address: \_\_\_\_\_

SECTION B Trustees/Director(s) & Member(s) Details

(1) TRUSTEE/DIRECTOR  Trustee/Director Are you a member?  Yes  No

Name: \_\_\_\_\_

Title(Mr, Mrs, Miss, Ms, etc.) \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone & Facsimile: ( ) ( )

E-mail Address: \_\_\_\_\_

Personal TFN: (discretionary) \_\_\_\_\_

Do you require a Binding Death Benefit Nomination:  Yes

(2) TRUSTEE/DIRECTOR  Trustee/Director Are you a member?  Yes  No

Name: \_\_\_\_\_

Title(Mr, Mrs, Miss, Ms, etc.) \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone & Facsimile: ( ) ( )

E-mail Address: \_\_\_\_\_

Personal TFN: (discretionary) \_\_\_\_\_

Do you require a Binding Death Benefit Nomination:  Yes

SECTION B Continued

(3) TRUSTEE/DIRECTOR  Trustee/Director Are you a member?  Yes  No

Name: \_\_\_\_\_

Title(Mr, Mrs, Miss, Ms, etc.) \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone & Facsimile: ( ) ( )

E-mail Address: \_\_\_\_\_

Personal TFN: (discretionary) \_\_\_\_\_

Do you require a Binding Death Benefit Nomination:  Yes

(4) TRUSTEE/DIRECTOR  Trustee/Director Are you a member?  Yes  No

Name: \_\_\_\_\_

Title(Mr, Mrs, Miss, Ms, etc.) \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone & Facsimile: ( ) ( )

E-mail Address: \_\_\_\_\_

Personal TFN: (discretionary) \_\_\_\_\_

Do you require a Binding Death Benefit Nomination:  Yes

SECTION C – ATO Correspondence

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\* IMPORTANT \*\*\*\*\*

Instructions for where to send the Fund and Account.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_