

Campaign Code (if applicable)

THE SERVICE

About the service

SuperConcepts will facilitate the incorporation of a company to act as trustee of your SMSF or as holding trustee for your SMSF Borrowing Arrangement.

For more information

If you have any questions about the service or completing this form

Visit our website www.superconcepts.com.au

Call us on 1300 023 170

Email us at trusteeservices@superorganised.com.au

APPLYING FOR THE SERVICE

Complete this form

- ▶ Please write clearly and use black pen to complete the form.
- ▶ Please mark boxes like this with a ✓ or ✗.
- ▶ Please ensure that you complete all required sections, provide all supporting documents and have signed and dated this form.

Return this form

By mail: SuperConcepts

GPO Box 9981, Adelaide SA 5001

By email: trusteeservices@superorganised.com.au

1. FUND DETAILS

Fund name

Fund ABN

 - - -

SuperConcepts Fund ID

2. TYPE OF COMPANY

- Sole Purpose Company to act as Trustee for a Self Managed Superannuation Fund
- Custodian Trustee Company to act as Custodian for a Self Managed Superannuation Borrowing Arrangement

3. ESTABLISHING A NEW COMPANY

Establishing a Sole Purpose SMSF Trustee Company or a Custodian Trustee Company

- It is your responsibility to ensure that your company name does not conflict with any existing company name, business name, trade mark or domain name. Please refer to the ASIC Check Name Availability Search and to IP Australia's Trade Mark On-line Search System for assistance.
- If the preferred company name is identical to that of an Australian registered business and the owner(s) of that business is one of the Directors below, the business number and registered state must be supplied in order to complete incorporation.
- Where the Company is to act as Trustee or a Self Managed Superannuation Fund, it will be registered with ASIC as a Sole Purpose SMSF Trustee Company. Where its to act as a Custodian / Holding Trustee, the company will be registered with ASIC as a Propriety Limited Company.
- All Directors will be issued with ten (10) Ordinary Shares as standard unless otherwise advised.
- A Company Seal will not be issued (not required under the Corporations Act 2001).
- Each person must provide their written consent to act as a Director and Shareholder prior to appointment (provided for on this Order Form)
- All directors of a SMSF corporate trustee (special purpose company), are required to obtain a Director Identification Number (director ID) before being appointed as Director. Please ensure each individual has obtained their director ID through myGovID and provided this where requested before submitting your application.

Preferred company name	<input type="text"/>	Pty Ltd
Alternate preferred name	<input type="text"/>	Pty Ltd
Registered business number	<input type="text"/>	State of registration <input type="text" value="Please select"/>
Registered office address	<input type="text"/>	
Name of occupier	<input type="text"/>	
Principal business address	<input type="text"/>	

By signing, each person nominated in **section 3**, consents to act as Director of the Company.

4. COMPANY DIRECTOR DETAILS

The first named Director will be appointed as Public Officer and Secretary unless you notify us otherwise.

DIRECTOR 1

Capacity	<input type="checkbox"/> Secretary	or	<input type="checkbox"/> Public Officer
Name	<input type="text"/>		
Residential address	<input type="text"/>		
Date of birth	<input type="text"/>		
Place of birth	City <input type="text"/>	State <input type="text"/>	Country <input type="text" value="Please select"/>
Director ID	<input type="text"/>		
Type and quantity of Shares to be issued if standard allocation listed in section 3 is not suitable	<input type="text"/>		
Signature	<input type="text" value="X"/>	Note: Place of birth is only required if a Company is being established in section 3.	

DIRECTOR 2

Capacity	<input type="checkbox"/> Secretary	or	<input type="checkbox"/> Public Officer
Name	<input type="text"/>		
Residential address	<input type="text"/>		
Date of birth	<input type="text"/>		
Place of birth	City <input type="text"/>	State <input type="text"/>	Country <input type="text" value="Please select"/>
Director ID	<input type="text"/>		
Type and quantity of Shares to be issued if standard allocation listed in section 3 is not suitable	<input type="text"/>		
Signature	<input type="text" value="X"/>	Note: Place of birth is only required if a Company is being established in section 3.	

4. COMPANY DIRECTOR DETAILS (CONTINUED)

DIRECTOR 3

Capacity Secretary or Public Officer

Name

Residential address

Date of birth

Place of birth City State Country

Director ID

Type and quantity of Shares to be issued if standard allocation listed in section 3 is not suitable

Signature **Note:** Place of birth is only required if a Company is being established in section 3.

DIRECTOR 4

Capacity Secretary or Public Officer

Name

Residential address

Date of birth

Place of birth City State Country

Director ID

Type and quantity of Shares to be issued if standard allocation listed in section 3 is not suitable

Signature **Note:** Place of birth is only required if a Company is being established in section 3.

5. FEES (prices quoted are inclusive of GST)

	Fees
<input type="checkbox"/> Sole Purpose Company (includes ASIC fee)	<input type="checkbox"/> \$880
<input type="checkbox"/> Custodian Trustee Company (includes ASIC fee)	<input type="checkbox"/> \$880
<input type="checkbox"/> Optional – Hard copy delivery of documents <i>We provide an electronic copy of the kit free of charge. Please indicate if you would like an additional hard copy format.</i>	<input type="checkbox"/> \$50

6. PAYMENT DETAILS

Please note: If you are an existing administration client of SuperConcepts we will invoice your fund directly. If SuperConcepts is not your administrator, we require payment upfront before proceeding with the request. Non-Administration clients must indicate their preferred payment method below.

Credit Card payment

We will call you once you have submitted the application to arrange payment over the phone.

Please note, this expense can be reimbursed from the fund.

Electronic Funds Transfer (EFT) – Please provide a copy of the payment confirmation receipt (**Please note:** Non-Administration clients must contact our office to arrange payment via EFT)

Account name: SuperConcepts Pty Ltd
BSB: 032-099
Account number: 615086
Please quote: Your SuperConcepts Fund ID (as detailed in **section 1**)

7. PRIMARY CONTACT DETAILS

These details will be used for all correspondence, contact, delivery and billing purposes.

<input type="checkbox"/> Trustee	<input type="checkbox"/> Nominated representative e.g. Adviser (please specify below) <input type="text"/>
Name	<input type="text"/>
Company	<input type="text"/>
Dealer group	<input type="text"/>
Address	<input type="text"/>
Postal address	<input type="text"/>
Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email	<input type="text"/>

8. CHECKLIST

Before submitting your application, please ensure you have:

- Completed all Director details, including signatures (refer to **section 4**)
- Ensure each Director has provided their individual Director ID.
- Included payment details (refer to **section 6**)

Important Note: Providing incomplete details will delay the processing of your application. Please ensure that you have completed all relevant sections and provided all additional information where required.

9. PRIVACY NOTICE

We collect personal information from you, from other members of the fund or from a financial planner or broker. We collect your name, contact information, date and place of birth, and your gender.

We collect your personal information to provide SMSF administration services. We also collect and use your personal information for direct marketing purposes.

We may be required by law to collect your personal information. Various financial services laws may apply and include Corporations, Superannuation and Taxation Law.

Besides our staff, we share this information with:

- external service providers who both here and overseas, the countries where they are likely to be located can be accessed via our privacy policy
- regulators such as the ATO
- other members of your fund, your financial planner or broker (if any)
- anyone else you authorise or if required by law.

Providing some information is optional. If you choose not to provide required personal information, we'll be unable to provide the services you are applying for.

Our privacy policy available at superconcepts.com.au/privacy explains how you can access or update your personal information or make a complaint about a breach or potential breach of our privacy obligations. You can contact us at 1300 023 170.

10. DECLARATION

By signing below, I:

- declare that I am authorised to make declarations on behalf of the persons named in this application form;
- declare that the information completed on this Application Form is complete and to the best of my knowledge, accurate and correct. To the extent that any information is subsequently identified as incorrect or found to be omitted from this Application Form, I authorise SuperConcepts to correct any errors and complete any omissions on this Application Form, following my confirmation (either orally or in writing);
- acknowledge that I have read and understood the Terms and Conditions for the Service and the Service Material, as updated from time to time and agree to be bound by them;
- have read and understood the Fee Schedule applicable for the Services, found at www.superconcepts.com.au as updated from time to time, and agree to be bound by them;
- authorise the collection, use and disclosure of my personal information for the purpose of the assessment of the application and if accepted, the management and administration of services in which I have applied. I understand that unless I consent to the collection, use and disclosure of this information, SuperConcepts will not be able to process my application or deliver the relevant Service(s).
- understand that SuperConcepts may routinely disclose my personal information to third parties such as: organisations undertaking compliance functions of SuperConcepts' information; organisations maintaining SuperConcepts' information technology system; authorised financial institutions; organisations providing mailing and printing services and my financial adviser (if applicable).
- accept that SuperConcepts may send me information about its services from time to time. I understand that I may notify SuperConcepts of my decision not to receive further information by contacting SuperConcepts directly.
- By signing below:
 - I confirm that the persons named above have consented to act as a Director of the Company.
 - I confirm that no person has become disqualified from acting as a Director of the Company.

Signature

Print Name

Date

Mailing address
GPO Box 9981
Adelaide SA 5001

Phone 1300 023 170
Email trusteeservices@superorganised.com.au
Website superconcepts.com.au



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