

Fund Establishment Request

Campaign Code (if applicable)

THE SERVICE	
About the service	 Our Fund Establishment only service includes everything you need to get your SMSF up and running and includes: SuperConcepts comprehensive and highly flexible SMSF Trust Deed Member packs (including application forms, pro-forma Product Disclosure Statements and binding death nomination forms) and Relevant letters, minutes & templates (including a sample fund investment strategy) If you require a Sole Purpose SMSF Trustee Company to be incorporated, SuperConcepts can facilitate this process for you. Simply complete the relevant sections on the application form and pay the additional fee. If you require annual accounting, regulatory and ATO compliance services, please visit superconcepts.com.au
For more information	If you have any questions about the service or completing this formVisit our websitesuperconcepts.com.auCall us on1300 023 170Email us attrusteeservices@superconcepts.com.au

APPLYING FOR THE SEE	/ICE
Complete this form	 Please write clearly and use black pen to complete the form. Please mark boxes like this with a or X. Where you see a box like this skip to the section shown. 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 By email: trusteeservices@superconcepts.com.au GPO Box 9981, Adelaide SA 5001

1. FUND DETAILS

Any name can be used, but it is best to keep it simple and concise. Please be very precise in relation to spelling and use of capital letters, abbreviations and spaces. Full stops should be avoided. It is not necessary to include 'The' as the first word of your fund name. The ATO recommend including words or letters to denote the Fund as a Super Fund - for example; SMSF, Super Fund or Superannuation Fund.

Fund name

2. FUND TRUSTEE DETAILS

Individual Trustee/s - Go to **section 5**

or

Existing Trustee Company – Go to section 3

New Trustee Company - Go to section 4

3. EXISTING FUND TRU	STEE COMPANY DETAILS			
Full company name				
ACN				
Please attach a copy of the	current ASIC company statement to confirm Directors and registered office details.			
Go to section 5				
4. NEW SOLE PURPOSE	E SMSF TRUSTEE COMPANY DETAILS			
Please do not use this servi	ice if you wish to order a Company for purposes other than being a trustee of a SMSF			
 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. 				
	f 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 pelow, the business number and registered state must be supplied in order to complete incorporation.			
• The Company will be regist	The Company will be registered with ASIC as a Sole Purpose SMSF Trustee Company.			
All Directors will be issued	• All Directors will be issued with ten (10) Ordinary Shares as standard unless otherwise advised.			
• A Company Seal will not be	 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).			
	porate trustee (special purpose company), are required to obtain a Director Identification Number (director ID) before being use ensure each individual has obtained their director ID through myGovID and provided this where requested before n.			
Preferred company name	Pty Ltd			
Alternate preferred name	Pty Ltd			
Registered business number	State of registration Please select			
Registered office address				
Name of occupier				
Principal business address				

By signing, each person nominated in section 5, consents to act as Director of the Sole Purpose SMSF Trustee Company.

5. FUND STRUCTURE

A self managed fund is limited to six (6) members or less and **all** members must be Trustees as individuals or as Director/s of a Trustee Company. The first named Director will be appointed as Public Officer and Secretary where a new SMSF Trustee Company is requested.

If the fund has only one member and the Trustee is **not** a company there **must** be **one other individual Trustee**. Alternatively, where there is a **Corporate Trustee**, a **second Director** can be appointed. This person can be a relative **or** any other person who is not an employer of the member.

TRUSTEE 1					
Capacity	Individual Trustee or Directo	or of Trustee Com	npany		
Fund member	Yes or No				
Name					
Gender	Male Female				
Residential address					
Phone		Email			
Tax File Number		Note: Please refe	er to page 5 for	our Tax Fi	le Number Collection Notice.
Director ID		Date of birth			
Place of birth	City	State	(Country F	Please select
Type and quantity of Shares to be issued if standard allocation listed in section 4 is not suitable					
Signature	×				nly required if a New Sole Purpose v is being established in section 4.

5. FUND STRUCTURE (CONTINUED)				
TRUSTEE 2				
Capacity	Individual Trustee or Directo	or of Trustee Com	ipany	
Fund member	Yes or No	Gender Male	e Female	
Name				
Residential address				
Phone		Email		
Tax File Number		Note: Please refe	er to page 5 for our Tax File Number Collection Notice.	
Director ID		Date of birth		
Place of birth	City	State	Country Please select	
Type and quantity of Share	es to be issued if standard allocation listed	d in section 4 is n	lot suitable	
Signature	X		Note: Place of birth is only required if a New Sole Purpose SMSF Trustee Company is being established in section 4.	
TRUSTEE 3				
Capacity	Individual Trustee or Directo	or of Trustee Com	ipany	
Fund member	Yes or No	Gender Male	e Female	
Name				
Residential address				
Phone		Email		
Tax File Number		Note: Please refe	er to page 5 for our Tax File Number Collection Notice.	
Director ID		Date of birth		
Place of birth	City	State	Country Please select	
Type and quantity of Share	es to be issued if standard allocation listed	d in section 4 is n	iot suitable	
Signature	×		Note: Place of birth is only required if a New Sole Purpose SMSF Trustee Company is being established in section 4.	
TRUSTEE 4				
Capacity	Individual Trustee or Directo	or of Trustee Com	ipany	
Fund member	Yes or No	Gender Male	e Female	
Name				
Residential address				
Phone		Email		
Tax File Number		Note: Please refe	er to page 5 for our Tax File Number Collection Notice.	
Director ID		Date of birth		
Place of birth	City	State	Country Please select	
Type and quantity of Share	es to be issued if standard allocation listed	d in section 4 is n	not suitable	
Signature	×		Note: Place of birth is only required if a New Sole Purpose SMSF Trustee Company is being established in section 4.	

6. FEES (prices quoted are inclusive of GST)	
	Fees
Fund Establishment service	\$650
Establishing a Sole Purpose Company to act as Trustee	\$990
Optional — Hard copy delivery of documents We provide an electronic copy of the kit free of charge. Please indicate if you would like an additional hard copy format.	\$50

7. 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:	SMSF Administration Solutions Pty Ltd
BSB:	012-003
Account number:	496317377
Please quote:	Your Superannuation Fund Name

8. PRIMARY CONTACT DETAILS

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

Trustee	Nominated representative e.g. Adviser (please specify below)
Name	
Company	
Dealer group	
Address	
Postal address	
Phone	Mobile Fax
Email	

9. CHECKLIST

Before submitting your application, please ensure you have:

Attached a copy of the current ASIC statement (if you answered "Existing Trustee Company" in section 3)
 Completed all trustee & member details, including signatures, if you are establishing a new Sole Purpose Trustee Company (refer to sections 4 & 5)
 Included payment details (refer to section 7)
 Ensure each Director has provided their individual Director ID.

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.

10. 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.

11. TAX FILE NUMBER COLLECTION NOTICE

Under the Taxation and Superannuation Laws, we are authorised to collect, use and disclose your Tax File Number (TFN). If you transfer your superannuation to another SMSF administrator or fund, we will give them your TFN, unless you tell us not to in writing.

You do not have to give us your TFN, however by providing your TFN we can accept all permitted types of contributions, apply ordinary tax rates and it will assist to locate all your superannuation accounts, making it easier to combine accounts.

If you don't provide us your TFN:

- Contributions from your before-tax salary will be taxed at up to 47%
- You won't be able to make after-tax contributions to your super
- You may not receive any co-contributions to which you're entitled
- It may be more difficult to find your super if you change address without notifying us or to combine any multiple super accounts you may have.

12. DECLARATION

By signing below, I, on behalf of the trustees (or prospective Trustees) of the Fund:

- declare that I am authorised to make declarations on behalf of the persons (and prospective Trustees) 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 nominated representative (if applicable); and,
- accept that SuperConcepts or any of its related bodies corporate 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.

Signature	×	
Print Name		

