

### 1. FUND DETAILS

Fund name

Commencement date

ABN ---

Please attach a copy of the fund's Trust Deed together with minutes or other documentation relating to variations to fund name, structure or membership.

Was the existing Trust Deed established or amended by SuperConcepts?

Yes Please state the SuperConcepts Fund ID:

No

### 2. FUND TRUSTEE DETAILS

Individual Trustee/s — Go to **section 4** or  Existing Trustee Company — Go to **section 3**

### 3. EXISTING FUND TRUSTEE COMPANY DETAILS

Full company name

ACN --

Please attach a copy of the current ASIC company statement to confirm Directors and registered office details.

### 4. FUND STRUCTURE

#### TRUSTEE 1

Capacity  Individual Trustee or  Director of Trustee Company

Fund member  Yes  No

Name

Gender  Male  Female

Residential address

Phone

Email

Date of birth

### TRUSTEE 2

Capacity  Individual Trustee or  Director of Trustee Company

Fund member  Yes  No

Name

Gender  Male  Female

Residential address

Phone

Email

Date of birth

### TRUSTEE 3

Capacity  Individual Trustee or  Director of Trustee Company

Fund member  Yes  No

Name

Gender  Male  Female

Residential address

Phone

Email

Date of birth

### TRUSTEE 4

Capacity  Individual Trustee or  Director of Trustee Company

Fund member  Yes  No

Name

Gender  Male  Female

Residential address

Phone

Email

Date of birth

### 5. FEES (prices quoted are inclusive of GST)

	Fees
<input type="checkbox"/> Upgrade an earlier version of the SuperConcepts Trust Deed	<input type="checkbox"/> \$220
<input type="checkbox"/> Upgrade from a non-SuperConcepts Trust Deed	<input type="checkbox"/> \$330
<input type="checkbox"/> Lost Deed Request	<input type="checkbox"/> \$400
<b>Optional</b> – 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:** we require payment upfront before proceeding with the request.

**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 <b>section 1</b> )

## 7. 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)

	<input type="text"/>
<b>Name</b>	<input type="text"/>
<b>Company</b>	<input type="text"/>
<b>Dealer group</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Postal address</b>	<input type="text"/>
<b>Phone</b>	<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"/> <b>Mobile</b> <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"/> <b>Fax</b> <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"/> <input type="text"/> <input type="text"/>
<b>Email</b>	<input type="text"/>

## 8. 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 member details (refer to **section 4**)
- Provided a copy of the current fund deed
- Any change of trustee minutes if the structure of the fund has changed since the last Deed was issued
- Included payment details (refer to **section 6**)

- All requests will need to include a signed copy of the Current Trust Deed for the Fund. We can provide a comprehensive legal review of all Deed Amendments in the Fund's history.
- We need to capture the Fund's current Trustee Structure on the new Deed. Please provide documentation to confirm the Current Trustee Structure, be it the ASIC Company Extract or minutes/deeds appointing and removing new Trustees.

**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](http://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, on behalf of the trustees of the Fund:

- 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](http://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

Date

Mailing address  
GPO Box 9981  
Adelaide SA 5001

Phone 1300 023 170  
Email [trusteeservices@superorganised.com.au](mailto:trusteeservices@superorganised.com.au)  
Website [superconcepts.com.au](http://superconcepts.com.au)



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