

# Superannuation Fund Order Form

## APPLICANT DETAILS

Name Of Firm / Individual : .....

Address : .....

Tel. No. & Contact : ..... Email : .....

Delivery Options:     Email                       Mail                       Courier (Cbd)                       Client Pick-Up

Name of Fund ..... Commencement Date: ...../...../.....

## TRUSTEE ( Please provide full name, address or registered company name, ACN, registered office and name of all directors )

Full Name ..... Full Name .....

Address ..... Address .....

.....

Or

Company Name & ACN: .....

Registered Address .....

Name of Directors .....

## MEMBERS ( Please provide full name and address )

Full Name ..... Full Name .....

Address ..... Address .....

Date of Birth ..... / ..... / ..... Date of Birth ..... / ..... / .....

Full Name ..... Full Name .....

Address ..... Address .....

Date of Birth ..... / ..... / ..... Date of Birth ..... / ..... / .....

## NAME OF CONTRIBUTING EMPLOYER ( If Any )

(Please provide registered company name, ACN and registered office)

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## DESIGNATED BENEFICIARIES

**(a)** Provide full name and address of any beneficiaries who will receive the Members entitlement in the event of death:

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**(b)** If to be in accordance with the Last Will and Testament

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**Single Member Fund** – Must have two individual trustees, one of whom is a member and the other person is a relative or someone else who is not an employer of the member. Trustee may be a Company of which the member is the sole Director or one of no more than two Directors.

**All other Funds** – All members must be Trustees and all Trustees must be members or all members must be Directors of the Trustee Company and all Directors must be Members.