



NEW SELF – MANAGED SUPERANNUATION FUND (SMSF) with four or fewer members.
**Please complete all details in block letters*

NAME OF FUND _____

SECTION A: PERSON ORDERING

Person Ordering Fund _____ **Signature** _____

Firm name (if applicable) _____

Street Address _____

Postal Address (if different) _____

Phone _____ Fax _____ Email _____

SECTION B: TRUSTEE DETAILS

If the Trustee is a Company then complete section B(i) only. If the Trustees are individuals then complete section B(ii) only.

SECTION B (I) : TRUSTEE INFORMATION WHERE TRUSTEE IS A COMPANY

Name _____ ACN _____

Address of Registered Office _____

Full Names of All Directors of Trustee Company

T1		T2	
T3		T4	

Go to section C on next page

SECTION B (II) : TRUSTEE INFORMATION WHERE TRUSTEES ARE INDIVIDUALS

If the Trustee comprises individuals, their full names:

T1	Full Name	
	Address	
T2	Full Name	
	Address	
T3	Full Name	
	Address	
T4	Full Name	
	Address	

Note that any member that is employed by another member or related entity must be a director of the employer sponsor or a relative of such a director. Also persons previously convicted of an offence involving dishonesty are disqualified from being admitted to a SMSF. Severe penalties can be imposed for breach of the member/trustee rules.

SECTION C: DETAILS OF EACH EMPLOYER THAT CONTRIBUTES TO THE FUND

If no employer contributes to this fund then go directly to section D.

EMPLOYER DETAILS

If this employer is identical to the corporate trustee information in section B(l) then go directly to section D.

Name _____ ACN _____

Address of Registered Office _____

Complete section D

SECTION D: DETAILS OF EACH MEMBER

M1	Full Name	T1? <input type="checkbox"/>	Occupation	Name of Dependant
	Address		Date of Birth (dd/mm/yyyy) / /	Relationship to Member
			Tax File Number	Dependant's percentage
				M2? <input type="checkbox"/>
M2	Full Name	T1? <input type="checkbox"/>	Occupation	Name of Dependant
	Address		Date of Birth (dd/mm/yyyy) / /	Relationship to Member
			Tax File Number	Dependant's percentage
				M2? <input type="checkbox"/>
M3	Full Name	T1? <input type="checkbox"/>	Occupation	Name of Dependant
	Address		Date of Birth (dd/mm/yyyy) / /	Relationship to Member
			Tax File Number	Dependant's percentage
				M2? <input type="checkbox"/>
				100% <input type="checkbox"/>

M4	Full Name	T1? <input type="checkbox"/>	Occupation	Name of Dependant
	Address		Date of Birth (dd/mm/yyyy) / /	Relationship to Member
			Tax File Number	Dependant's percentage 100% <input type="checkbox"/>

SECTION E Payment Options:

Find enclosed Cheque: payable to Super Matters
 Or Debit my Visa Mastercard Bankcard

Exp. /

Signature: _____

Name of cardholder: _____

Note that:

- (a) Super Matters is not licensed to provide financial product (FP) advice under the *Corporations Act 2001 (Cth)*;
- (b) Legal advice is only one of the matters that must be considered when making a decision on a Financial Product; and
- (c) You should consider taking advice from the holder of an Australian Financial Services Licence before making a decision on a Financial Product