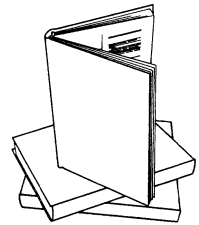


SELF MANAGED SUPERANNUATION FUND ORDER FORM

(PLEASE USE BLOCK CAPITAL LETTERS WHEN COMPLETING THIS FORM)



TM

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Superannuation Fund

FUND NAME

Any name can be used but it will be in your interest to keep it simple and concise.
Please be very precise in relation to spelling (capital letters, abbreviations and spaces).

COMMENCEMENT DATE

FUND MEMBERS

A self managed fund is limited to four (4) members or less and **ALL** members must be trustees as individuals or as director/s of a company trustee. A member can not be employed (at anytime) by another member unless they are relatives – **Special rules apply to single member funds.** (See over page.)

Full Name: Mr/Mrs/Ms _____ Date of Birth: ____/____/____

Residential Address: _____

Individual Trustee ☐ or Director of Trustee Company* ☐

Marital Status:

Sex:

Date of Commencement of eligible service period:

Full Name: Mr/Mrs/Ms _____ Date of Birth: ____/____/____

Residential Address: _____

Individual Trustee ☐ or Director of Trustee Company* ☐

Marital Status:

Sex:

Date of Commencement of eligible service period:

Full Name: Mr/Mrs/Ms _____ Date of Birth: ____/____/____

Residential Address: _____

Individual Trustee ☐ or Director of Trustee Company* ☐

Marital Status:

Sex:

Date of Commencement of eligible service period:

Full Name: Mr/Mrs/Ms _____ Date of Birth: ____/____/____

Residential Address: _____

Individual Trustee ☐ or Director of Trustee Company* ☐

Marital Status:

Sex:

Date of Commencement of eligible service period:

TRUSTEE COMPANY

*if a company will be acting as Trustee of the fund

ALL directors of a Company acting as Trustee **MUST** be members of the fund **UNLESS** the fund is a single member fund.

Full Company Name: _____ ACN: _____

Directors full names:

CONTRIBUTING EMPLOYER

Complete this section only if an employer (other than the Principal Employer) wishes to contribute to the fund

Individual Name/s: Mr/Mrs/Ms _____ OR

Full Company Name: _____ ACN: _____

Address: _____

Director/s Names: _____

SINGLE MEMBER FUNDS

If the fund has only one member and the trustee is NOT a company there MUST be one OTHER INDIVIDUAL TRUSTEE. This person can be a relative OR any other person who is not an employer of the member. If so please provide the details of the OTHER INDIVIDUAL TRUSTEE below. (Alternatively the fund can have a "single director" company acting as trustee) (provide date of birth of other individual trustee)

Full Name: Mr/Mrs/Ms _____ Date of Birth: ____/____/____

Residential Address: _____

Full Name: Mr/Mrs/Ms _____ Date of Birth: ____/____/____

Residential Address: _____

If the fund has only one member the trustee may be a "single director" company with the member as the single director. Alternatively the trustee company may have a maximum of two directors (including the member) where the OTHER DIRECTOR is a relative OR any other person who is not an employer of the member. If so, please provide the details of the OTHER DIRECTOR below.

Full Name: Mr/Mrs/Ms _____ Date of Birth: ____/____/____

Residential Address: _____

PRIMARY CONTACT DETAILS

We will use the primary contact details below for billing, delivery and future contact purposes. If you wish to vary the contact details for either billing or delivery please provide particulars separately.

Is the primary contact: Trustee/Member ☐ Accountant ☐ Adviser ☐ Other ☐ _____

Name: Mr/Mrs/Ms _____

Company/Business (if applicable): _____

Dealer Group (if applicable): _____

Address: _____

Phone: () _____ Fax: () _____ Email: _____

DELIVERY INSTRUCTIONS

Pick Up ☐ Post ☐ Courier ☐

REFERRAL SOURCE

If other than Primary Contact

Name: Mr/Mrs/Ms _____ Company/Firm if applicable: _____

NAME AND SIGNATURE OF PERSON AUTHORISING ESTABLISHMENT OF FUND

Name: _____ Date: ____/____/____ Signature: _____