

General Details						
Date of Superannuation Fund:	_____ <p><i>The date should be the day on which the Trustee signs the Deed</i></p>					
Name of Superannuation Fund:	_____ <p><i>Unlike choosing a Company name, there is no prohibition on the name chosen for a Superannuation Fund. It should be kept in mind however that you will need to cite the name of the SMSF in all transactions. It is not necessary to include "the" at the start of the name of the SMSF, but include the words "Superannuation Fund" at the end</i></p>					
State of Applicable Law:	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">QLD</td> <td style="text-align: center;">NSW</td> <td style="text-align: center;">VIC</td> <td style="text-align: center;">ACT</td> <td style="text-align: center;">SA</td> </tr> </table> <p><i>Please circle the relevant option</i></p>	QLD	NSW	VIC	ACT	SA
QLD	NSW	VIC	ACT	SA		
Name of Bank:	_____ <p><i>Once established, the documents include a Trustees Resolution resolving to open a bank account.</i></p>					
Branch Name of Bank:	_____ <p><i>Suburb of the branch of newly opened bank account eg Newstead</i></p>					
Name of Auditor of SMSF:	_____ <p><i>At the date on which the documents are produced, it is not necessary that an auditor be appointed. If, however, the auditor of the SMSF is known, their full name should be inserted here, as it appears on their letterhead</i></p>					
Name of Administrator for the SMSF:	_____ <p><i>At the date on which the documents are produced, it is not necessary that an administrator be appointed. If, however, the administrator of the SMSF is known, their full name should be inserted here, as it appears on their letterhead</i></p>					
Name of Accountant for the SMSF:	_____ <p><i>At the date on which the documents are produced, it is not necessary that an accountant be appointed. If however the accountant of the SMSF is known, their full name should be inserted here as it appears on their letterhead</i></p>					
Number of Applicants applying for Membership of the SMSF:	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> </table> <p><i>The maximum number of Applicants for a SMSF is four</i></p>	1	2	3	4	
1	2	3	4			
Do you require a Product Disclosure Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <p><i>A Product Disclosure Statement will be required to be given to an incoming member (prior to them becoming a member) where that person is not to be a Trustee (or a Director of the Corporate Trustee), but is instead representing an estate as a legal personal representative/executor</i></p>					
Name and Address of Client:	_____ <p><i>The details of the person(s) to whom the Deed will be sent for signing should be inserted here as if they were to appear in the address of the letter</i></p>					
Salutation:	_____ <p><i>For the letter, it is only necessary to type the name/s. The word "Dear" is already in the document</i></p>					

**If the Trustee is a Company**

Name and ACN:

*Including ACN eg YOUR COMPANY PTY LTD ACN 000 000 000*

**Director Details (maximum of four)**

Name of First Director:

*Whenever an individual is to be referred to, their full names should be used (including any middle names)*

Address of First Director:

Name of Second Director:

Address of Second Director:

Name of Third Director:

Address of Third Director:

Name of Fourth Director:

Address of Fourth Director:

**If the Trustee(s) are individual(s), there must be at least two and no more than four individuals**

Name of First Trustee:

Address of First Trustee:

Name of Second Trustee:

Address of Second Trustee:

Name of Third Trustee:

Address of Third Trustee:

Name of Fourth Trustee:

Address of Fourth Trustee:

### APPLICANT DETAILS

*On the establishment of the SMSF, each Applicant can nominate person(s) who will be entitled to receive the benefit payable by the Trustee of the SMSF in the event of the death of the Applicant*

#### First Applicant

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of First Beneficiary: \_\_\_\_\_

*Whilst more than one person can be nominated to receive the benefit payable by the Trustee in the event of the death of the Applicant, the percentage entitlement of the total of all Beneficiaries for one Applicant cannot be greater than 100%. Where two Beneficiaries are nominated, each Beneficiary's entitlement should be expressed as 50%. Please do not include "%" at the end of the figure*

Percentage of Entitlement of First Beneficiary: \_\_\_\_\_ %

Name and % Entitlement of Second Beneficiary: \_\_\_\_\_ %

Name and % Entitlement of Third Beneficiary: \_\_\_\_\_ %

Name and % Entitlement of Fourth Beneficiary: \_\_\_\_\_ %

#### Second Applicant

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of First Beneficiary: \_\_\_\_\_

Percentage of Entitlement of First Beneficiary: \_\_\_\_\_ %

Name and % Entitlement of Second Beneficiary: \_\_\_\_\_ %

Name and % Entitlement of Third Beneficiary: \_\_\_\_\_ %

Name and % Entitlement of Fourth Beneficiary: \_\_\_\_\_ %

**Third Applicant**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of First Beneficiary: \_\_\_\_\_

Percentage of Entitlement of First Beneficiary: \_\_\_\_\_ %

Name and % Entitlement of Second Beneficiary: \_\_\_\_\_ %

Name and % Entitlement of Third Beneficiary: \_\_\_\_\_ %

Name and % Entitlement of Fourth Beneficiary: \_\_\_\_\_ %

**Fourth Applicant**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of First Beneficiary: \_\_\_\_\_

Percentage of Entitlement of First Beneficiary: \_\_\_\_\_ %

Name and % Entitlement of Second Beneficiary: \_\_\_\_\_ %

Name and % Entitlement of Third Beneficiary: \_\_\_\_\_ %

Name and % Entitlement of Fourth Beneficiary: \_\_\_\_\_ %

**PAYMENT FORM**

Please forward these details together with the completed instruction sheet

**CONTACT NAME:** .....

**FIRM NAME:** .....

**TELEPHONE NO:** ..... **FAX NO:** .....

**DELIVERY ADDRESS:** .....

.....

.....

**DELIVERY EMAIL:** .....

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**Credit Card Payment**

Card Type (*please circle*):    Mastercard    Visa

Card No.: .....

Expiry Date:        / .....

Amount: \$450.00 .....

Name of Cardholder: .....

Signature: .....

Once complete email instruction sheet and payment details to the Legal Resource Club – Fax 07 3252 1355 or Email [clearlaw@clearlyhoare.com.au](mailto:clearlaw@clearlyhoare.com.au)