

Fax To:
Company Incorporations Australia

phone: 1800 179 329
facsimile: 1800 631 533
email: sales@lawsoft.com.au

SUPERANNUATION FUND – ORDER FORM

Page 1 of 2

NAME OF FUND _____

VALID TRUSTEE STRUCTURES:

Small Member Funds: Trustees may be the member plus 1 other person OR trustee may be a Company in which the member is the sole director or one of a maximum 2 directors.

All Other Funds: All members must be trustees and all the trustees must be members OR all the members must be directors of the trustee company and all directors must be members.

MEMBERS

Name	_____
Address	_____
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth _____
This person: Is a fund member Yes <input type="checkbox"/> No <input type="checkbox"/> Is an individual or director of trustee company Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name	_____
Address	_____
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth _____
This person: Is a fund member Yes <input type="checkbox"/> No <input type="checkbox"/> Is an individual or director of trustee company Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name	_____
Address	_____
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth _____
This person: Is a fund member Yes <input type="checkbox"/> NO <input type="checkbox"/> Is an individual or director of trustee company Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name	_____
Address	_____
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth _____
This person: Is a fund member Yes <input type="checkbox"/> No <input type="checkbox"/> Is an individual or director of trustee company Yes <input type="checkbox"/> No <input type="checkbox"/>	

CORPORATE TRUSTEE _____ ACN _____
Address _____
Directors Names(s) _____
Participating Employers Name (if applicable): _____ ACN _____

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Page 2 of 2

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ADMINISTRATIVE DETAILS (optional)

Auditors Name: _____

Address: _____

Suburb: _____

Post Code _____

Tax Office: _____

Fund Administrator: _____

Fund Accountant: _____

Bankers to the Fund: _____

Branch: _____

Employers Name: (if any) _____

Address: _____

Suburb: _____

Post Code _____

Directors Name(s) if Corporate Employer: _____

To Company Incorporations Australia : You are appointed to act as our agent to procure a Trust Deed and ancillary legal documentation from a solicitor, the particulars for such trust deed and legal documents being set out hereinbefore. In consideration for your acting as our agent, payment of solicitors costs, attending to compilation of materials in a register and delivery of same we shall pay you such amounts as agreed.

APPLICANT DETAILS (FIRM):

Contact _____

ph: _____

fax _____

Address _____

email _____

signature _____

ADDITIONAL NOTES AND/OR INSTRUCTIONS:

Payment required on order

Payment

Chq enclosed

Chq in mail

Direct Deposit *

Or charge by credit

Bankcard

Mastercard

Visa

Amount \$

Card Number _____

Expiry Date _____

Name of cardholder _____

Signature _____

*Direct deposit details:

Bank/Branch

NAB King William Street, Adelaide

Date Deposit Transferred

BSB 085 070

Account 69-679-4709

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