



prosuper

pro-super australia Pty Ltd

A.C.N 097 625 235
level 19, 10 eagle street
brisbane qld 4001
gpo box 26
brisbane qld 4001

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prosuper@prosuper.com.au

New SMSF Order Form

From:

Firm:

Phone:

e-mail:

FUND DETAILS

Name of Fund:

Start Date (if required):

Meeting Address:

Corporate Trustee Details (if applicable)

Company Name:

A.C.N.

Reg. Office

Street Address:

TRUSTEE - MEMBER DETAILS

PLEASE NOTE THE FOLLOWING:

All members must be directors/individual trustees.

All individual trustees or directors of a corporate trustee must be members, except single member funds which may have a sole director corporate trustee or two directors/individual trustees, one being the member.

Funds may have a maximum of 6 members.

1. NAME:

D.O.B.

Full legal names required

Individual Trustee

Director of Corporate Trustee

Member

Address:

Residential street address required

EMPLOYER DETAILS (section below): These details are optional.

A template 'Letter of Notification to the Employer of Choice of Superannuation Fund' is included in the documents.

If a Member wishes for the letter to be personalised, complete the Employer Details section for that Member.

Employer Name:

A.C.N.

Employer Address:

2. NAME:

D.O.B.

Individual Trustee

Director of Corporate Trustee

Member

Address:

Employer Name:

A.C.N.

Employer Address:



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TRUSTEE - MEMBER DETAILS

3. NAME:

D.O.B.

Individual Trustee

Director of Corporate Trustee

Member

Address:

Employer Name:

A.C.N.

Employer Address:

4. NAME:

D.O.B.

Individual Trustee

Director of Corporate Trustee

Member

Address:

Employer Name:

A.C.N.

Employer Address:

5. NAME:

D.O.B.

Individual Trustee

Director of Corporate Trustee

Member

Address:

Employer Name:

A.C.N.

Employer Address:

6. NAME:

D.O.B.

Individual Trustee

Director of Corporate Trustee

Member

Address:

Employer Name:

A.C.N.

Employer Address:

Payment Details if paying by credit card:

Please debit the following credit card by the amount of \$

TYPE OF CARD: Visa MasterCard

CARD NUMBER:

NAME ON CARD:

EXPIRY DATE:

SECURITY:

SIGNATURE:

Instruction Requests:

PDF copies only

Hard copies only

both PDF and hard copies

Other Instructions: