

APPLICATION FORM ESTABLISHMENT OF A NEW SELF MANAGED SUPERANNUATION FUND (SMSF)

Please read the following before completing the application form.

1. Completing the application form

By completing and submitting the form you confirm as follows:

- (a) It is the purchaser's responsibility to ensure that the information supplied is correct.
- (b) If new documents have to be prepared as a result of errors in the information a further fee will be payable.

2. Important information

In accordance with the provisions of the *Superannuation Industry (Supervision) Act 1993* (Cth):

- (a) (other than sole member funds) all trustees of the fund (either as an individual trustee or director of a corporate trustee) must also be members of the fund;
- (b) sole member funds with a corporate trustee – the sole member must be the sole director or one of only two directors (the other director either being a relative or not an employer of the sole member);
- (c) sole member funds with individual trustees – the sole member must be one of only two individual trustees (the other trustee either being either a relative or not an employer of the sole member); and
- (d) the SMSF must not have more than 4 members.

If you have any questions about completing the application form please contact:

- | | |
|---|--|
| <ul style="list-style-type: none">• Neal Dallas
Principal
Phone: (07) 3014 6598
Email: ndallas@mcw.com.au | <ul style="list-style-type: none">• Taryn Hartley
Senior Associate
Phone: (07) 3014 6513
Email: thartley@mcw.com.au |
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SMSF ESTABLISHMENT APPLICATION FORM

PRICES

☐ Establishment of new SMSF \$700 (plus GST)

APPLICANT / ADVISER'S DETAILS

Firm name _____

Contact Name _____

Telephone _____

Fax _____

Email address _____

Delivery Address for the documents _____

Suburb/City _____

State _____

Postcode _____

SUPERANNUATION FUND DETAILS

Name of Fund _____

Street address of first meeting of the Fund _____

Suburb/City _____

State _____

Postcode _____

SUPERANNUATION FUND TRUSTEE AND MEMBER DETAILS

DETAILS OF CORPORATE TRUSTEE

Full name of

Corporate Trustee _____

ACN _____

ABN _____

Registered office address _____

Suburb/City _____

State _____

Postcode _____

Directors

(Please list the names of all directors)

1. _____

2. _____

3. _____

4. _____

Would you like McInnes Wilson Lawyers to incorporate the above company? ☐ Yes ☐ No

If yes, have you completed an Application Form for a Proprietary Company Limited by Shares? ☐ Yes ☐ No

SUPERANNUATION FUND TRUSTEE AND MEMBER DETAILS

DETAILS OF INDIVIDUAL TRUSTEES / DIRECTORS OF CORPORATE TRUSTEE AND MEMBERS

(A) Full Name _____

Tax File Number _____

Residential Address _____

Suburb/City _____

State _____

Postcode _____

Date of Birth _____

Occupation _____

This person is:

☐ Trustee / Director of Corporate Trustee

☐ Member

(B)

Full Name _____

Tax File Number _____

Residential Address _____

Suburb/City _____

State _____

Postcode _____

Date of Birth _____

Occupation _____

This person is:

☐ Trustee / Director of Corporate Trustee

☐ Member

SUPERANNUATION FUND TRUSTEE AND MEMBER DETAILS

DETAILS OF INDIVIDUAL TRUSTEES / DIRECTORS OF CORPORATE TRUSTEE AND MEMBERS

(C)	Full Name			
	Tax File Number			
	Residential Address			
	Suburb/City	State	Postcode	
	Date of Birth	Occupation		
	This person is: <input type="checkbox"/> Trustee / Director of Corporate Trustee <input type="checkbox"/> Member			
(D)	Full Name			
	Tax File Number			
	Residential Address			
	Suburb/City	State	Postcode	
	Date of Birth	Occupation		
	This person is: <input type="checkbox"/> Trustee / Director of Corporate Trustee <input type="checkbox"/> Member			

RETURNING THIS FORM

After completing this form please *either*:

- print, sign, and fax it to McInnes Wilson Lawyers at (07) 3221 0479; *or*
- print, sign, scan, and email it to McInnes Wilson Lawyers at mcwcorporate@mcw.com.au; *or*
- check the confirmation box below and email the form to McInnes Wilson Lawyers at mcwcorporate@mcw.com.au

To print this form for signing click here:

PRINT

To email this form to McInnes Wilson Lawyers, after confirming instructions below, click here:

SUBMIT

CONFIRMATION OF INSTRUCTIONS

The applicant / adviser agrees to purchase the goods and services indicated on this application form. The applicant / adviser and/or the trustees and/or members warrant that all necessary consents have been obtained as required under the *Superannuation Industry (Supervision) Act 1993* (Cth) and acknowledge that no legal or financial advice has been given by McInnes Wilson Lawyers in relation to the establishment of the SMSF. In particular, McInnes Wilson Lawyers is not licensed to provide financial product advice under the *Corporations Act 2001* (Cth) and the applicant / adviser acknowledges that it may be necessary to take advice from the holder of an Australian Financial Services Licence before making a decision on a financial product.

Name	Signature / Confirmation	or <input type="checkbox"/>	Date	/	/
Name	Signature / Confirmation	or <input type="checkbox"/>	Date	/	/
Name	Signature / Confirmation	or <input type="checkbox"/>	Date	/	/
Name	Signature / Confirmation	or <input type="checkbox"/>	Date	/	/

Note: This application form will not be processed by McInnes Wilson Lawyers unless this section is completed.

PAYMENT OPTION 1 - CREDIT CARD PAYMENTS

Please debit my credit card for the supply of goods and services indicated on this application form.

Note: Payment by credit card will incur a fee of 1.07% (incl GST) for VISA, Mastercard and Bankcard, and 3% (incl GST) for AMEX, on the GST inclusive price.

Charge my credit card:

☐ Visa ☐ Bankcard ☐ Mastercard ☐ American Express

Total Remitted: \$

Expiry date: / /

plus credit card fee specified above

Cardholder's Name

| | | | | | | | | | | | | | | | | |

Card Number

Cardholder's Signature

Date

PAYMENT OPTION 2 - INVOICING

If the purchaser has not elected to pay the total price by credit card McInnes Wilson Lawyers will send an invoice to the purchaser for payment within 14 days of the invoice date.