



**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

freecall 1800 641 146  
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**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: