

APPLICATION FORM

SMSF Upgrade

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.

Please ensure you complete all details below, and contact us with any questions you have prior to submitting the form.

PURCHASER/ADVISER'S DETAILS

Firm name

Contact name

Telephone

Fax

Email address

Delivery address for documents

Suburb/City

State

Postcode

SUPERANNUATION FUND DETAILS

Name of Fund

ABN

Establishment date

Has the SMSF previously been varied?

Date

Document Title

Date

Document Title

Date

Document Title

Please attach a copy of the current SMSF Trust Deed and all variations to this application form.

SUPERANNUATION FUND TRUSTEE DETAILS AND MEMBER DETAILS

Corporate trustee details

Name of Corporate Trustee (inc. ACN/
ABN/ARBN)

Registered Office Address

Suburb/City

State

Postcode

List the names of ALL directors

- 1.
- 2.
- 3.
- 4.

INDIVIDUAL TRUSTEE AND MEMBER DETAILS

Individual 1

Full Name

Tax File Number

Residential Address

Suburb/City

State

Postcode

Date of Birth

Occupation

This person is a:

Individual Trustee / ~~Director of Corporate Trustee~~

Member

Continuing

Continuing

Resigning

Resigning

Being Appointed

Being Appointed

Individual 2

Full Name

Tax File Number

Residential Address

Suburb/City

State

Postcode

Date of Birth

Occupation

This person is a:

Individual Trustee / ~~Director of Corporate Trustee~~

Member

Continuing

Continuing

Resigning

Resigning

Being Appointed

Being Appointed

Individual 3

Full Name

Tax File Number

Residential Address

Suburb/City

State

Postcode

Date of Birth

Occupation

This person is a:

Individual Trustee / Director of Corporate Trustee

Member

Continuing

Continuing

Resigning

Resigning

Being Appointed

Being Appointed

Individual 4

Full Name

Tax File Number

Residential Address

Suburb/City

State

Postcode

Date of Birth

Occupation

This person is a:

Individual Trustee / Director of Corporate Trustee

Member

Continuing

Continuing

Resigning

Resigning

Being Appointed

Being Appointed

RELATED EMPLOYER / PRINCIPAL EMPLOYER DETAILS (IF APPLICABLE)

Name of Related Employer

ACN

ABN

Registered Office

Suburb/City

State

Postcode

Retire this Employer?

Yes

No