

## Superannuation Fund Order Form

### APPLICANT DETAILS

Name of Firm / Individual.....  
Tel. No. & Contact.....  
Delivery options:  Email  Mail  Courier (Cbd)  Client Pick-Up  
Name of Fund ..... Commencement Date ...../...../.....

### TRUSTEE ( Please provide full name, address or registered company name, ACN, registered office and name of all directors )

Full Name ..... Full Name .....  
Address ..... Address .....  
Company Name & ACN .....  
Registered Address .....  
Name of Directors.....

### MEMBERS ( Please provide full name and address )

Full Name ..... Full Name .....  
Address ..... Address .....  
Date of Birth ..... Date of Birth .....  
  
Full Name ..... Full Name .....  
Address ..... Address .....  
Date of Birth ...../...../..... Date of Birth ...../...../.....

### NAME OF CONTRIBUTING EMPLOYER ( If Any )

(Please provide registered company name, ACN and registered office)  
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### DESIGNATED BENEFICIARIES

(a) Provide full name and address of any beneficiaries who will receive the Members entitlement in the event of death:  
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.....  
  
(b) If to be in accordance with the Last Will and Testament  
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### ANY SPECIAL REQUIREMENTS ( Please provide details )

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Single Member Fund – Must have two individual trustees, one of whom is a member and the other person is a relative or someone else who is not an employer of the member. Trustee may be a Company of which the member is the sole Director or one of no more than two Directors.  
All other Funds – All members must be Trustees and all Trustees must be members or all members must be Directors of the Trustee Company and all Directors must be Members.