

## 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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**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.