

EXISTING FUND

Super Fund Order Form

Version 6.2

ACTIONS REQUIRED

SUPER FUND DETAILS FORM

- COMPLETE PAGES 1 – 5 **RETURN TO SUPER PLUS WITH ALL SUPER FUND RECORDS**
- **COMPLETE & SIGN DISCLOSURE** – if applicable, see form
(PAGE 7: For Individual Trustees) (PAGE 8: For Corporate Trustees)

SUBSEQUENT PROCESS

Once the initial information for the superannuation fund has been processed by our office, the Trustees will receive a letter detailing any outstanding information required. In addition, the following documents will also be enclosed for signing:

- Super Plus Administration Agreement
- Macquarie Cash Management Trust Application (If account not existing)
- Macquarie Cash Management Trust Redemption Authority
- Macquarie Cash Management Trust Duplicate Statement Instruction Form
- Tax Agent update forms

NB: An ethical letter will be forwarded to your previous accountant where applicable.

Disclaimer and Trustee Acknowledgement

Super Plus does not engage in legal practice. For the provision of Trust Deeds, Deed Upgrades, Deed of Appointment & Retirement and Company Constitutions, Super Plus only acts as a facilitator for the purpose of sourcing these documents as produced by a qualified legal practitioner on behalf of the SMSF Trustee. Super Plus only provides this service and the Trustee accepts this service and the documents on the basis that Super Plus fully disclaims any liability for the trustees reliance on such documents.

Super Fund Order Form – Existing Fund

SECTION A: ACCOUNTANT/ADVISOR TRANSFERRING THE FUND

(Documents & correspondence will be directed to this person, unless otherwise stated)

Contact Person: _____

Firm Name: _____

Postal Address: _____

Phone: _____ Fax: _____

Email: _____

ADVISER FEE

DO YOU INTEND TO USE SUPER PLUS TO COLLECT AN ADVISER FEE:

Yes No

If yes please complete Super Plus Adviser Fee Authority form

SECTION B: PREVIOUS ACCOUNTANT

(An ethical letter will be forwarded to the previous accountant)

Contact Person: _____

Firm Name: _____

Postal Address: _____

Phone: _____ Fax: _____

Email: _____

Super Fund Order Form – Existing Fund

SECTION C: FUND DETAILS

Name of Fund: _____

Fund Establishment Date: _____ / _____ / _____

TFN: _____ ABN: _____ SFN: _____

GST Registered: Yes No

Trustee type: Individuals Company

SECTION D: TRUSTEE DETAILS

MUST complete Section D (i); only complete Section D (ii) if a Company is the Trustee.

SECTION D (i): DETAILS OF INDIVIDUAL TRUSTEES OR DIRECTORS IF A COMPANY AS TRUSTEE

TRUSTEE / DIRECTOR 1:

Title: ____ Surname Name: _____ First Name: _____ Other: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Residential Address: _____

TFN: ____ / ____ / ____ Occupation: _____

Is this person also a member? Yes No Marital Status: _____

TRUSTEE / DIRECTOR 2:

Title: ____ Surname Name: _____ First Name: _____ Other: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Residential Address: _____

TFN: ____ / ____ / ____ Occupation: _____

Is this person also a member? Yes No Marital Status: _____

Super Fund Order Form – Existing Fund

TRUSTEE / DIRECTOR 3:

Title: _____ Surname Name: _____ First Name: _____ Other: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Residential Address: _____

TFN: ____ / ____ / ____ Occupation: _____

Is this person also a member? Yes No Marital Status: _____

TRUSTEE / DIRECTOR 4:

Title: _____ Surname Name: _____ First Name: _____ Other: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Residential Address: _____

TFN: ____ / ____ / ____ Occupation: _____

Is this person also a member? Yes No Marital Status: _____

SECTION D (ii): INFORMATION ONLY IF COMPANY AS TRUSTEE

Company Name: _____

ACN: _____ TFN: _____

Date of Incorporation: _____

Address of Registered Office: _____

Phone: _____ Fax: _____

Email: _____

Super Fund Order Form – Existing Fund

SECTION E: DETAILS OF EACH EMPLOYER THAT CONTRIBUTES TO THE FUND

Name of Employer: _____

ACN: _____ ABN: _____

IS ANY MEMBER OF THE FUND AN EMPLOYEE OF ANOTHER MEMBER: Yes No

If Yes, please provide details: _____

Address of Registered Office: _____

Name of Employer: _____

ACN: _____ ABN: _____

IS ANY MEMBER OF THE FUND AN EMPLOYEE OF ANOTHER MEMBER: Yes No

If Yes, please provide details: _____

Address of Registered Office: _____

SPECIAL INSTRUCTIONS

If there is more than one employer include all details in the special instructions below.

MAILING DETAILS

Please mail the completed form with the appropriate payment to:

Super Plus Australia Pty Ltd
GPO Box 734
BRISBANE QLD 4001

Phone: (07) 3211 8766
Fax: (07) 3211 8799

INDIVIDUAL TRUSTEES SMSF TRUSTEE DISCLOSURE

Only for a New SMSF or adding GST registration to an existing SMSF

As part of the establishment of your new SMSF, Super Plus Australia Pty Ltd registers your fund for an ABN and TFN with the ATO. During this process the questions listed below need to be answered. The principle (first/main trustee/chairperson) should **complete one of these forms confirming the answers are correct for all trustees** and submit with your superannuation set-up forms.

Super Plus default is to not GST register the SMSF

Do you require your fund to be registered for GST? Yes No
There may be an additional administration cost if GST registered.
Not compulsory where fund income (GST Turnover) less than \$75,000 pa
(Turnover excludes dividends, unit trust distributions, interest, contributions)

Does the Regulated Self-Managed Superannuation Fund intend to be a self managed superannuation fund for 12 months or longer? Yes No

Have any of the trustees been convicted of an offence in respect of dishonest conduct in the Commonwealth, or any State, Territory or foreign country? Yes No

Has a civil penalty order ever been made in relation to any of the trustees? Yes No

Are any of the trustees an un-discharged bankrupt? Yes No

Have any of the trustees been notified that they are a disqualified person by the Regulator (the Tax Office of Australian Prudential Regulation Authority)? Yes No

If you answered Yes to any question, (except 12 months or longer question) please provide details:

The trustee(s) declare the information and answers provided for all trustees/members in this form to be true and correct and authorise Super Plus Australia Pty Ltd to take all necessary steps to register this SMSF as a complying superannuation fund. The Trustees agree and accept the disclaimer on page 1 of this order form regarding the provision of legal documents.

Name: Trustee/Chairperson

Signature

CORPORATE TRUSTEE SMSF TRUSTEE DISCLOSURE

Only for a New SMSF or adding GST registration to an existing SMSF

As part of the establishment of your new SMSF, Super Plus Australia Pty Ltd registers your fund for an ABN and TFN with the ATO. During this process the questions listed below need to be answered.

The principle (first/main director/chairperson) should **complete one of these forms confirming the answers are correct for all directors** and submit with your superannuation set-up forms.

Super Plus default is to not GST register the SMSF

Do you require your fund to be registered for GST? Yes No
There may be an additional administration cost if GST registered.
Not compulsory where fund income (GST Turnover) less than \$75,000 pa
(Turnover excludes dividends, unit trust distributions, interest, contributions)

Does the Regulated Self-Managed Superannuation Fund intend to be a self managed superannuation fund for 12 months or longer? Yes No

Have any of the trustees been convicted of an offence in respect of dishonest conduct in the Commonwealth, or any State, Territory or foreign country? Yes No

Has a civil penalty order ever been made in relation to any of the trustees? Yes No

Are any of the trustees an un-discharged bankrupt? Yes No

Have any of the trustees been notified that they are a disqualified person by the Regulator (the Tax Office of Australian Prudential Regulation Authority)? Yes No

If you answered Yes to any question, (except 12 months or longer question) please provide details:

The Director(s) declare the information and answers provided for all trustees/members in this form to be true and correct and authorise Super Plus Australia Pty Ltd to take all necessary steps to register this SMSF as a complying superannuation fund. The Director(s) agree and accept the disclaimer on page 1 of this order form regarding the provision of legal documents.

Name: Director/Chairperson

Signature