

NEW FUND

Super Fund Order Form

Version 6.4

ACTIONS REQUIRED

SUPER FUND ORDER FORM

- **COMPLETE PAGES 2 – 3 & 7 TO ORDER A NEW FUND WITH INDIVIDUAL TRUSTEES**
- OR**
- **COMPLETE ALL SECTION PAGES 2 – 6 & 8 IF THERE IS A CORPORATE TRUSTEE**

THEN

- **COMPLETE SECTION C, ONLY IF THIS IS AN EMPLOYER SPONSORED FUND**
- **COMPLETE SECTION F, PAGE 6 : CHECKLIST**
- **SIGN ORDER FORM SECTION G, PAGE 6: DISCLAIMER**
- **COMPLETE & SIGN DISCLOSURE, see form (PAGE 7: For Individual Trustees) (PAGE 8: For Corporate Trustees)**

Super Plus Australia Pty Ltd
GPO Box 734
BRISBANE QLD 4001

Ph: (07) 3211 8766

Fax: (07) 3211 8799

admin@superplus.net.au

SUBSEQUENT PROCESS

The Trust Deeds & associates minutes for the establishment of the superannuation fund will be sent to the Trustees for signing. In addition, the following documents will also be enclosed for signing:

- Super Plus Administration Agreement
- Macquarie Cash Management Trust/Account Application (If account not existing)
- Macquarie Cash Management Trust/Account Third Party Authority
- Macquarie Cash Management Trust/Account Duplicate Statement Instruction Form
- Tax Agent Update Form

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 – New Fund

PLEASE: Complete all details clearly in block letters

Name of Fund: _____

Date of Commencement: _____ / _____ / _____ or leave undated

(if no date is inserted, we will use the date all documents are prepared)

Trustee type: Individuals Company

DO YOU INTEND TO USE SUPER PLUS ACCOUNTING & ADMINISTRATION SERVICE:

Yes No

SECTION A: ADVISOR/PERSON ORDERING DEED

(Documents, invoice and receipts will be directed C/- this person, unless otherwise stated)

Person Ordering the Deed: _____

Firm Name (if applicable): _____

Postal Address: _____

Phone: _____ Fax: _____

Email: _____

SECTION A(1) SERVICE PAYMENT INSTRUCTION

A completed Service Payment Instruction form must be attached to this form when submitted.

Super Fund Order Form – New Fund

SECTION B: DETAILS OF EACH INDIVIDUAL TRUSTEE AND/OR MEMBER (Complete Fully)

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: _____

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: _____

Super Fund Order Form – New Fund

SECTION C: DETAILS OF EMPLOYER - ONLY IF THIS IS TO BE AN EMPLOYER SPONSORED 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: _____

SECTION D: TRUSTEE DETAILS IF USING EXISTING COMPANY AS TRUSTEE

If the trustee is a Company already incorporated then complete section D (i) only.

If the trustee is a new company then complete section E only.

SECTION D (i): TRUSTEE INFORMATION FOR AN EXISTING COMPANY

Company Name: _____

ACN: _____ TFN: _____

Date of Incorporation: _____ / _____ / _____

Address of Registered Office: _____

Phone: _____ Fax: _____

Email: _____

ARE ALL THE DIRECTORS THE SAME AS THE PEOPLE LISTED IN SECTION B?

Yes No

If No, please provide details of variance:

Super Fund Order Form – New Fund

SECTION E: COMPANY DETAILS – FOR NEW COMPANY ORDER ONLY

Name of Company (1st Preference): _____

Name of Company (2nd Preference): _____

REGISTERED OFFICE FOR COMPANY – (IF NOT TO BE SUPER PLUS OFFICE)

Street Address: _____

Suburb/City: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____

Email: _____

Place of Business: Registered Office Trustee's Address Other (Please Specify)

DETAILS OF EACH DIRECTOR – AS PER PEOPLE IN SECTION B

DIRECTOR 1:

Full Name: _____

Paid up \$1 per share OR: \$_____ **If not stated 1 (Ord or A) share \$1 paid up value will be used.**

Number of Shares: _____ Class of Share: _____

Position(s) Held: Shareholder Secretary Public Officer

DIRECTOR 2:

Full Name: _____

Paid up \$1 per share OR: \$_____ **If not stated 1 (Ord or A) share \$1 paid up value will be used.**

Number of Shares: _____ Class of Share: _____

Position(s) Held: Shareholder Secretary Public Officer

DIRECTOR 3:

Full Name: _____

Paid up \$1 per share OR: \$_____ **If not stated 1 (Ord or A) share \$1 paid up value will be used.**

Number of Shares: _____ Class of Share: _____

Position(s) Held: Shareholder Secretary Public Officer

DIRECTOR 4:

Full Name: _____

Paid up \$1 per share OR: \$_____ **If not stated 1 (Ord or A) share \$1 paid up value will be used.**

Number of Shares: _____ Class of Share: _____

Position(s) Held: Shareholder Secretary Public Officer

Super Fund Order Form – New Fund

SECTION F: Checklist

- Service Payment Form completed and attached
- All details completed
- Spelling correct and legible

SPECIAL INSTRUCTIONS

MAILING DETAILS

Please return 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 admin@superplus.net.au

SECTION G: ACKNOWLEDGEMENT AND DISCLAIMER

Super Plus arranges all documents based on the information provided to us on this form. Please ensure clear and correct instructions are provided as Super Plus will not be held responsible for any errors arising from incorrect information given. Charges may be incurred to prepare additional documents if an error is located in the information provided on this form.

The Trustees/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 arrange said documents and the trustees agree and accept the disclaimer on page 1 of this order form regarding the provision of legal documents.

PERSON COMPLETING THE FORM AND RESPONSIBLE FOR THE SMSF ORDER

Signature	Print Name	Date
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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

Does the company know or have reasonable grounds to suspect that a person who is, or is acting as, a responsible officer of the body corporate is a disqualified person? Yes No

Has a receiver, or a receiver and manager, of the company been appointed? Yes No

Has the company been placed under official management? Yes No

Has a provisional liquidator of the company been appointed? Yes No

Is the company being wound up? 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