

REQUEST TO ESTABLISH A SELF MANAGED SUPERANNUATION FUND

Please complete and return this form to: **The Alan Skerritt Consultancy**
GPO Box 1004, Brisbane, Qld 4001
Tel: (07) 3292 5555 Fax: (07) 3846 5578
Email: info@skerritt.com.au

PLEASE USE BLOCK CAPITALS WHEN COMPLETING THIS FORM

FUND NAME:

COMMENCEMENT DATE:

PRIMARY CONTACT DETAILS:

STREET ADDRESS:

(Tax office requires street
address, not PO Box)

State:

Postcode:

POSTAL ADDRESS:

(If different from above)

State:

Postcode:

TELEPHONE (work):

TELEPHONE (home)

MOBILE:

FACSIMILE:

EMAIL:

@

FUND MEMBERS:

(1)

(2)

(3)

(4)

TRUST DEED INSTRUCTION: I/ We hereby instruct *The Alan Skerritt Consultancy* to organise the preparation of a new superannuation Trust Deed (2 copies) and related documentation based on the above details and agree to pay the relevant fee.

_____/_____/_____
Signature Date

_____/_____/_____
Signature Date

TRUSTEE DETAILS

CORPORATE TRUSTEE Complete Section **A & B**

INDIVIDUAL TRUSTEE Complete Section **B only**

SECTION A: CORPORATE TRUSTEE

Do you have an **existing** company you wish to use as Trustee of your SMSF? YES NO

If YES complete the details of your EXISTING Company below.

COMPANY NAME:

ACN:

Register Office/Address:

State: Postcode:

If NO complete the details for a NEW Company:

Proposed Company Name:

Second Name choice:

DO you wish to use our office as the Registered Address for your new company: YES NO

If NO:

Register Office/Address:

State: Postcode:

SINGLE MEMBER FUND:

If the fund has only one member, then the following Trustee options will apply:

Corporate Trustee: 1) Sole Director/ Secretary and Sole member
 2) Two Directors, one of whom must be the member

Individual Trustee: 1) Two Trustees, one of whom must be the member. The other Trustee may be a relative, professional advisor or friend of the member, provided the member is not an employee of the other trustee.

MULTIPLE MEMBER FUND:

A Self managed super fund is limited to four (4) members or less. If the fund is not a "single member fund", then the following Trustee options will apply:

Corporate Trustee: All Directors are members *and* all members are Directors.

Individual Trustees: All Trustees are members *and* all members are Trustees.

SECTION B: TRUSTEE/DIRECTOR / MEMBER DETAILS

1 TRUSTEE/DIRECTOR

TITLE: **SURNAME:**

GIVEN NAMES:

Please tick (✓) box(es) **SMSF MEMBER** **DIRECTOR OF CORPORATE TRUSTEE / TRUSTEE**

STREET ADDRESS:
(Tax office requires street address, not PO Box) **Postcode:**

POSTAL ADDRESS:
(If different from above) **Postcode:**

DATE OF BIRTH: **TAX FILE NUMBER:**

TELEPHONE (work): **TELEPHONE (home):**

MOBILE: **FACSIMILE:**

EMAIL: @

2 TRUSTEE/DIRECTOR

TITLE: **SURNAME:**

GIVEN NAMES:

Please tick (✓) box(es) **SMSF MEMBER** **DIRECTOR OF CORPORATE TRUSTEE / TRUSTEE**

STREET ADDRESS:
(Tax office requires street address, not PO Box) **Postcode:**

POSTAL ADDRESS:
(If different from above) **Postcode:**

DATE OF BIRTH: **TAX FILE NUMBER:**

TELEPHONE (work): **TELEPHONE (home):**

MOBILE: **FACSIMILE:**

EMAIL: @

SECTION B: TRUSTEE/DIRECTOR / MEMBER DETAILS

3 TRUSTEE/DIRECTOR

TITLE: **SURNAME:**

GIVEN NAMES:

Please tick (✓) box(es) **SMSF MEMBER** **DIRECTOR OF CORPORATE TRUSTEE / TRUSTEE**

STREET ADDRESS:
(Tax office requires street address, not PO Box) **Postcode:**

POSTAL ADDRESS:
(If different from above) **Postcode:**

DATE OF BIRTH: **TAX FILE NUMBER:**

TELEPHONE (work): **TELEPHONE (home):**

MOBILE: **FACSIMILE:**

EMAIL: @

4 TRUSTEE/DIRECTOR

TITLE: **SURNAME:**

GIVEN NAMES:

Please tick (✓) box(es) **SMSF MEMBER** **DIRECTOR OF CORPORATE TRUSTEE / TRUSTEE**

STREET ADDRESS:
(Tax office requires street address, not PO Box) **Postcode:**

POSTAL ADDRESS:
(If different from above) **Postcode:**

DATE OF BIRTH: **TAX FILE NUMBER:**

TELEPHONE (work): **TELEPHONE (home):**

MOBILE: **FACSIMILE:**

EMAIL: @

FOR EACH SUPERANNUATION POLICY YOU WISH TO ROLL TO YOUR NEW SMSF, PLEASE COMPLETE THE FOLLOWING DETAILS:

ROLL-OVER DETAILS

MEMBER'S NAME:

ROLL-OVER PROVIDER:

(i.e. AMP, Colonial, BT)

PROVIDER'S ADDRESS:

Postcode:

INVESTMENT POLICY
or MEMBER CODE:

Please tick (✓) the applicable boxes

Do you require a **full** roll-over to your new fund? YES NO

Is there any insurance cover with this benefit? YES NO

If yes, are you effecting separate insurance cover in the fund or making other arrangements? YES NO

ROLL-OVER DETAILS

MEMBER'S NAME:

ROLL-OVER PROVIDER:

(i.e. AMP, Colonial, BT)

PROVIDER'S ADDRESS:

Postcode:

INVESTMENT POLICY
or MEMBER CODE:

Please tick (✓) the applicable boxes

Do you require a **full** roll-over to your new fund? YES NO

Is there any insurance cover with this benefit? YES NO

If yes, are you effecting separate insurance cover in the fund or making other arrangements? YES NO

Please attach a copy of your most recent member statement.

Your insurance cover will be cancelled when this is rolled into your new fund. It is therefore important that replacement cover, if required, is effected before the roll-over is complete.