



**REQUEST FOR SUPERANNUATION FUND**

**Please return to Sonia by fax or e-mail**

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FIRM: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL: \_\_\_\_\_

FAX NUMBER \_\_\_\_\_  Please tick if you require an email copy of the documents

Type of Fund: Self Managed Superannuation Fund

Name of Fund: \_\_\_\_\_

Trustee: \_\_\_\_\_

If a corporate trustee:

Name: \_\_\_\_\_

A.C.N: \_\_\_\_\_

Directors: \_\_\_\_\_

Address: \_\_\_\_\_

Common Seal: Yes/No

If individual trustees, it is assumed all trustees will be the initial members detailed below. If this assumption is incorrect, please indicate below under "Additional Comments or Instructions".

Initial Members: 1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_



2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Additional Comments or Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_