

SMSF NEW MEMBER ADMISSIONS *Please complete all details in block letters.*

date: _____
from (your firm name): _____ ref: _____
email address: _____

DELIVERY

PLEASE SEND DOCUMENTS FOR EXECUTION

by overnight courier
by overnight courier tomorrow
by local courier
by email
in due course

FUND DETAILS

name of fund _____ superannuation fund

address for service of notices on the fund (must be street address) _____

_____ postcode _____

email address for service of notices and correspondence on the fund

address for correspondence to the fund (can be p.o. box address) _____

_____ postcode _____

if the contact for the ATO is care of the fund's accountant

contact person _____

name of firm _____

tax agent's no. _____

phone _____

facsimile _____

email address _____

CURRENT TRUSTEE DETAILS

full name (ACN / ARN / ABN if applicable) _____

residential address / registered office (must be street address) _____

full names of directors of trustee (if applicable) _____

chairperson of directors' meeting (if applicable) _____

CURRENT MEMBERSHIP

MEMBER 1

full name _____ date of birth _____

occupation _____ tax file no. _____

address (must be street address) _____

email address _____

phone work: _____

home: _____

mobile: _____

facsimile work: _____

position held by member _____



MEMBER 2

full name _____ date of birth _____

occupation _____ tax file no. _____

address (must be street address) _____

email address _____

phone work: _____

home: _____

mobile: _____

facsimile work: _____

position held by member _____

MEMBER 3

full name _____ date of birth _____

occupation _____ tax file no. _____

address (must be street address) _____

email address _____

phone work: _____

home: _____

mobile: _____

facsimile work: _____

position held by member _____

MEMBER 4

full name _____ date of birth _____

occupation _____ tax file no. _____

address (must be street address) _____

email address _____

phone work: _____

home: _____

mobile: _____

facsimile work: _____

position held by member _____



ACCOUNTANTS OF THE FUND

firm name _____

address _____

state _____ postcode _____

email address _____

phone _____ contact person _____

PROPOSED NEW MEMBERS (AND RETIRING MEMBERS IF ANY)

NB MAXIMUM OF FOUR MEMBERS ONLY

MEMBER 1

full name _____ date of birth _____

occupation _____ tax file no. _____

address (must be street address) _____

email address _____

phone work: _____

home: _____

mobile: _____

facsimile work: _____

position held by member _____

MEMBER 2

full name _____ date of birth _____

occupation _____ tax file no. _____

address (must be street address) _____

email address _____

phone work: _____

home: _____

mobile: _____

facsimile work: _____

position held by member _____



MEMBER 3

full name _____ date of birth _____

occupation _____ tax file no. _____

address (must be street address) _____

email address _____

phone work: _____

home: _____

mobile: _____

facsimile work: _____

position held by member _____

MEMBER 4

full name _____ date of birth _____

occupation _____ tax file no. _____

address (must be street address) _____

email address _____

phone work: _____

home: _____

mobile: _____

facsimile work: _____

position held by member _____

