

SUPERANNUATION TRUST DEED 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

is the fund to have a corporate trustee? yes no
is the role or primary purpose of the fund
the provision of old age pensions? yes no

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 _____
_____ postcode _____

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 _____

tax agent's no. _____

phone _____

facsimile _____

email address _____

does the fund or trust want to use the Australian Taxation Office's internet based e commerce system?

yes

no

do you want the fund to be registered for goods and services tax (GST)?

yes

no

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) _____

if the trustee is also trustee of another related trust please give details

APPLICANT(S) FOR MEMBERSHIP

APPLICANT 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 applicant _____



APPLICANT 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 applicant _____

APPLICANT 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 applicant _____

APPLICANT 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 applicant _____



ACCOUNTANTS OF THE FUND

firm name _____
Address _____
State _____ postcode _____
email address _____
Phone _____ contact person _____

BANKER OF THE FUND

Bank _____
branch address _____
State _____ postcode _____
email address _____
Phone _____ contact person _____

