

APPLICATION FORM

Establishment of a new Self Managed Superannuation Fund (SMSF)

Please read the following before completing this application form.

Important information

In accordance with the provisions of the *Superannuation Industry (Supervision) Act 1993* (Cth):

- a. (Other than sole member funds) all trustees of the fund (either as an individual trustee or director of a corporate trustee) must also be members of the fund;
- b. Sole member funds with a corporate trustee – the sole member must be the sole director or one of only two directors (the other director either being a relative or not an employer of the sole member);
- c. Sole member funds with individual trustees – the sole member must be one of only two individual trustees (the other trustee either being either a relative or not an employer of the sole member); and
- d. The SMSF must not have more than 4 members.

If you have any questions about completing the application form please contact:

Neal Dallas

Principal

Phone: (07) 3014 6598

Email: ndallas@mcw.com.au

Victoria Mercer

Solicitor

Phone: (07) 3231 0634

Email: vmercerc@mcw.com.au

By completing and submitting the form you confirm as follows:

- a. It is the purchaser’s responsibility to ensure that the information supplied is correct.
- b. If new documents have to be prepared as a result of errors in the information a further fee will be payable.

Please ensure you complete all details below, and contact us with any questions you have prior to submitting the form.

PRICE

All prices are for email delivery only. Please mark the relevant box if documents are required in hard copy.

Establishment of new SMSF (email delivery only)		\$700.00 (plus GST)
Documents in hard copy	Express Post - \$15	Courier - TBC

PURCHASER/ADVISER’S DETAILS

Firm name

Contact name

Telephone Fax

Email address

Delivery address for documents

Suburb/City State Postcode

SUPERANNUATION FUND DETAILS

Name of Fund

Street address of first meeting of the Fund

Suburb/City State Postcode

SUPERANNUATION FUND TRUSTEE AND MEMBER DETAILS

Details of corporate trustee

Full name of Corporate Trustee

ACN ABN

Registered office address

Suburb/City State Postcode

Directors (Please list the names of all directors)

- 1.
- 2.
- 3.
- 4.

Would you like McInnes Wilson Lawyers to incorporate the above company? Yes No

If yes, have you completed an Application Form for a [Proprietary Company Limited by Shares?](#) Yes No

SUPERANNUATION FUND TRUSTEE AND MEMBER DETAILS

Details of individual trustees/directors of corporate trustee and members

Full Name

Tax File Number

Residential
Address

Suburb/City

State

Postcode

Date of Birth

Occupation

This person is a: Trustee/Director of Corporate Trustee Member

Full Name

Tax File Number

Residential
Address

Suburb/City

State

Postcode

Date of Birth

Occupation

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Full Name

Tax File Number

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Date of Birth

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State

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Date of Birth

Occupation

This person is a: Trustee/Director of Corporate Trustee Member

RETURNING THIS FORM

After completing this form please either:

- print, sign, and fax it to McInnes Wilson Lawyers at (07) 3221 2921; or
- print, sign, scan, and email it to McInnes Wilson Lawyers at mcwonline@mcw.com.au; or

To print this form for signing click here:

To email this form to McInnes Wilson Lawyers, after confirming instructions below, click here:

CONFIRMATION OF INSTRUCTIONS

The trustees or members or the purchaser/adviser on behalf of the trustees or members agree that all necessary consent have been obtained and that no legal advice has been given in relation to the establishment of the SMSF by McInnes Wilson Lawyers.

Name	Sign/Confirmation	or	Date
Name	Sign/Confirmation	or	Date
Name	Sign/Confirmation	or	Date
Name	Sign/Confirmation	or	Date

CREDIT CARD PAYMENTS

Please debit the following credit card for the supply of goods and services indicated on this application form.

Note: Payment by credit card will incur a fee of 1.07% (incl GST) for VISA and Mastercard, and 3% (incl GST) for AMEX, on the GST inclusive price.

Credit card:

Visa
 Mastercard
 American Express

Total Remitted \$ _____ Expiry date _____

plus credit card fee specified above

Cardholder's Name _____

Card Number _____

Cardholder's Signature _____ Date _____