



It's that simple!

Existing Fund Client Engagement Form - Individual Trustees



# **FUND DETAILS**

Fund Name						
ABN		TFN				
☐ The fund is registered for GST						
The fund is paying a pension						
Bank Account Details						
Financial Institution						
BSB Acc	ount Number					
_						
What is the first financial year we are to	o prepare?					
ADVISER DETAILS						
Salutation Mr  Mrs  Mrs  Miss  Business Names						
Given Name	Surname					
Unit/Suite	Number and Stre	et				
City			State	Post Code		
Telephone Number Fax Number						
Email Address						



# **TRUSTEE DETAILS**

Trustee One (Please make this you	ır primary contact)	Member (tick if YES)
Salutation Mr $\square$ Mrs $\square$ Ms $\square$	Miss 🗆 Dr 🗆	
Given Name(s)		
Surname		
Residential Address (cannot be a PO Box)		
Unit/Apartment Number	and Street	
City	State	Post Code
Date of Birth	Tax F	ile Number
Telephone Number	Email Address	
Trustee Two		Member (tick if YES) □
Trustee Two Salutation Mr  Mrs  Mrs  Ms  Ms	Miss □ Dr □	Member (tick if YES)
	Miss □ Dr □	Member (tick if YES)
Salutation Mr 🗆 Mrs 🗀 Ms 🗀	Miss □ Dr □	Member (tick if YES)
Salutation Mr 🗆 Mrs 🗀 Ms 🗀	Miss □ Dr □	Member (tick if YES)
Salutation Mr  Mrs  Mrs  Ms  Given Name(s)	Miss □ Dr □	Member (tick if YES)
Salutation Mr  Mrs  Mrs  Ms  Given Name(s)	Miss □ Dr □	Member (tick if YES)
Salutation Mr Mrs Mrs Ms Siven Name(s)  Surname  Residential Address (cannot be a PO Box)		Member (tick if YES)
Salutation Mr Mrs Mrs Ms Siven Name(s)  Surname  Residential Address (cannot be a PO Box)	Miss □ Dr □	Member (tick if YES)
Salutation Mr Mrs Mrs Ms Given Name(s)  Surname  Residential Address (cannot be a PO Box)  Unit/Apartment Number	and Street	
Salutation Mr Mrs Mrs Ms Siven Name(s)  Surname  Residential Address (cannot be a PO Box)		Member (tick if YES)
Salutation Mr Mrs Mrs Ms Given Name(s)  Surname  Residential Address (cannot be a PO Box)  Unit/Apartment Number  City	and Street State	Post Code
Salutation Mr Mrs Mrs Ms Given Name(s)  Surname  Residential Address (cannot be a PO Box)  Unit/Apartment Number	and Street State	
Salutation Mr Mrs Mrs Ms Given Name(s)  Surname  Residential Address (cannot be a PO Box)  Unit/Apartment Number  City  Date of Birth	and Street State Tax F	Post Code
Salutation Mr Mrs Mrs Ms Given Name(s)  Surname  Residential Address (cannot be a PO Box)  Unit/Apartment Number  City	and Street State	Post Code



# TRUSTEE DETAILS CONTINUED

Trustee Three			Member (tick if YES)
Salutation Mr □ N Given Name(s)	⁄lrs □ Ms □ Miss □ Dr □		
Surname			
Residential Address (cannot	be a PO Box)		
Unit/Apartment	Number and Street		
City		State	Post Code
Date of Birth		Tax File Numbe	r
Telephone Number	Email Add	Iress	
Trustee Four			Member (tick if YES)
Salutation Mr ☐ N Given Name(s)	⁄lrs □ Ms □ Miss □ Dr □		
Surname			
Residential Address (cannot	be a PO Box)		
Unit/Apartment	Number and Street		
City		State	Post Code
Date of Birth		Tax File Numbe	r
Date of Birth		Tax The Number	
Telephone Number	Email Add	lress	



### **IDENTIFICATION**

We need identification for each fund Trustee.

Please copy and provide along with this form either both sides of your Drivers Licence or the ID page of your passport.

### **DECLARATION**

By applying our signatures below, we confirm the following;

- I/we engage ExpertSuper™ Pty Ltd (ExpertSuper™) for all services outlined at www.expert-super.com.au.
- I/we have accessed, read and understood the ExpertSuper™ terms and conditions (Terms) which have been provided to me and are available at www.expert-super.com.au.
- I/We agree to be bound by the Terms and any variation of the Terms.
- I/We have read and understood the Fee Schedule provided to us and which is available at www.expert-super.com.au.
- All information provided in this form is true and correct.
- I/We consent to the collection, use and disclosure of personal information by ExpertSuper™ in accordance with the ExpertSuper™ Privacy Policy located on www.expert-super.com.au.
- ExpertSuper™ Pty Ltd is authorised to contact the Fund's previous administrator or accountant to obtain the information required to administer the Fund.

Trustee 1	
	Date \  \  \  \  \  \  \  \
Trustee 2	
	Date \  \  \  \  \  \  \  \  \
Trustee 3	
	Date \( \square\)

Trustee 4