



It's that simple!

New Fund Client Engagement Form - Individual Trustee

www.expert-super.com.au



FUND DETAILS

Fund Name

 \square

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Please confirm what you would like to call your fund. There are no statutory naming standards which apply to self-managed super funds, so it is possible two funds will have the same name. The ABN will work as the unique statutory identifier.

□ I/we would like ExpertSuper[™] Pty Ltd to establish a Macquarie Bank Account OR

I/we would like to establish our own bank account AND

I/we wish to register the fund for GST

STATEMENT OF ADVICE

I/we confirm I/we have received a Statement of Advice (SOA) for the establishment of an SMSF and attach a copy.

I/we confirm I/we have not received a Statement of Advice (SOA) and wish to engage ExpertSuper[™] Pty Ltd to prepare this at a cost of \$695.

I/we confirm I/we have not received a Statement of Advice (SOA) and do not wish to obtain one. I/we understand and accept the trustees are solely responsible for making the decision to establish the fund and instruct ExpertSuper™ Pty Ltd to execute only.

PAYMENT DETAILS

Please arrange payment of the fund establishment fee of **\$695** via one of the two below methods. Once payment is received we will establish your SMSF.

Credit Card			
	To pay by credit card,	, please call us.	
	Electronic Funds Transfer (EFT)		
	Account Name: BSB:	ExpertSuper Pty Ltd 033 165	
	Account Number: Description:	380 890 Please quote your super fund name you elect on page 1 as your reference.	



TRUSTEE DETAILS

Trustee One (Please make this your key contact)			Member (tick if YES)		
Salutation Mr \Box	Mrs 🗆 Ms 🗆 Miss 🗆	Dr 🗌			
Given Name(s)					
Surname					
Residential Address (canno	ot be a PO Box)				
Unit/Apartment	Number and Street				
City			State	Post Code	
Date of Birth			Tax File Number		
Telephone Number		Email Address	S		
Trustee Two				Member (tick if YES)	
	Mrs 🗆 Ms 🗆 Miss 🗆	Dr 🗆			
Given Name(s)					
Surname					
Residential Address (canno	ot be a PO Box)				
Unit/Apartment	Number and Street				
City			State	Post Code	
Date of Birth			Tax File Number		
Telephone Number		Email Addres	S		



TRUSTEE DETAILS CONTINUED

Trustee Three	Member (tick if YES)
Salutation Mr 🗆 Mrs 🗆 Ms 🗆 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 File Number	
Telephone Number Email Address	
Trustee Four	Member (tick if YES)
Salutation Mr 🗆 Mrs 🗆 Ms 🗆 Miss 🗆 Dr 🗆 Given Name(s)	
Given Name(s)	
Surname	
Residential Address (cannot be a PO Box)	
Unit/Apartment Number and Street	
City State	Post Code
Date of Birth Tax File Number	
Telephone Number Email Address	



ADVISERS DETAILS

Salutation $Mr \square Mrs \square N$	ls 🗆 Miss 🗆			
Business Names				
Given Name	Surname			
Unit/Suite	Number and Street			
City		State	_	Post Code
Telephone Number	Fax Number			
Email Address				
			_	
I consent to you discussing my supera	nnuation matters direct with my advise	r (tick if YES)		
I consent to my adviser having online access to the reporting portal (tick if YES)				

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.

③ExpertSuper[™]

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.

	Date 2/2/2/
Trustee 1	
	Date 2/2/2/
Trustee 2	
	Date 2/2/2/20
Trustee 3	
] Date □ □ / □ □ / □ □ / □ □
Trustee 4	