



It's that simple!

New Fund Client Engagement Form
- Individual Trustee

FUND DETAILS

Fund Name

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 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 **\$750** 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: ExpertSuper Pty Ltd
BSB: 033 165
Account Number: 380 890
Description: 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 ☐ 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 Two

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 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)

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 ☐ Mrs ☐ Ms ☐ 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 superannuation matters direct with my adviser (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.

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 //

Trustee 1

Date //

Trustee 2

Date //

Trustee 3

Date //

Trustee 4