



It's that simple!

Existing Fund Client Engagement Form - Corporate Trustee



### **FUND DETAILS**

Fund Name			
ABN		TFN	
The fund is registered for GST			
☐ The fund is paying a pension			
Bank Account Details			
Financial Institution			
BSB Account N			
_			
What is the first financial year we are to prep	are?		
COMPANY DETAILS			
Name		ACN	
Registered Address			
Number and Street			
City		State	Post Code
I/we wish for ExpertSuper™ Pty Ltd t	_		
company review. I/We understand t www.expert-super.com.au (PLEASE I			
Trustees.)	-		·



## **DIRECTOR(S) DETAILS**

Director One (Please list details of your key Salutation Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Given Name(s)	=	Membe	er (tick if YES)
Surname			
Residential Address (cannot be a PO Box) Unit/Apartment Number and Street			
City		State	Post Code
Date of Birth	Tax File Nun	nber	
Telephone Number	Email Address		
City of Birth	Country of Birth		
Director Two Salutation Mr □ Mrs □ Ms □ Miss □  Civan Name(s)	Dr 🗆	Membe	er (tick if YES)
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 Nun	nber	
Telephone Number	Email Address		
City of Birth	Country of Birth		



# **DIRECTOR(S) DETAILS CONTINUED**

Director Three Salutation Mr □ Mrs □ Ms □ Miss □ Dr □	ſ	Member (tick if Y	ES)
Given Name(s)			
Surname			
Residential Address (cannot be a PO Box)			
Unit/Apartment Number and Street			
City	State	Pos	st Code
Date of Birth Tax	File Number		
Telephone Number Email Addres	ss		
City of Birth Country of B	irth		
Country of B			
Director Four  Salutation Mr □ Mrs □ Ms □ Miss □ Dr □  Given Name(s)	ı	Member (tick if Y	ES)
Surname			
Residential Address (cannot be a PO Box)			
Unit/Apartment Number and Street			
City	State	Pos	st Code
Date of Birth Tax	File Number		
Telephone Number Email Addres			
Telephone Number Email Addres			
	•		
City of Birth Country of B	ırtn		



#### **ADVISER DETAILS**

Salutation Mr $\square$ Mrs $\square$ M	s 🗆 Miss 🗆		
Business Names			
Given Name	Surname		
Unit/Suite	Number and Street		
City		State	Post Code
Telephone Number	Fax Number		
Email Address			
		/·· 1 ·(\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
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			

IDENTIFICATION

We need identification for each fund Trustee Director/Member.

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



#### **DECLARATION**

Director 4

By applying my/our signatures below, I/we confirm that:

- 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.
- I/We expressly authorise ExpertSuper™ Pty Ltd to act on the instructions of any one trustee [director of the trustee] of the SMSF without the need to confirm instructions with any other trustee [director].

	Date \( \Boxed{\omega} \sqrt{\omega} \sqrt{\omega} \sqrt{\omega} \sqrt{\omega} \sqrt{\omega} \sqrt{\omega}
Director 1	
	Date \  \  \  \  \  \  \  \  \  \
Director 2	
	Date \  \  \  \  \  \  \  \  \  \  \
Director 3	
	Date \( \Boxed{\omega} \sqrt{\omega} \sqrt{\omega} \sqrt{\omega} \sqrt{\omega} \sqrt{\omega} \sqrt{\omega}