



**It's that simple!**

New Fund Client Engagement Form  
- Corporate Trustee

## FUND DETAILS

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### 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

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- ☐ I/we confirm I/we have received a Statement of Advice (SOA) for the establishment of an SMSF and attach a copy OR  
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 directors are solely responsible for making the decision to establish the fund.

## PAYMENT DETAILS

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Please arrange payment of the fund establishment fee of **\$750** and company incorporation fee of **\$895**, a total of **\$1645** 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.

## COMPANY DETAILS

- ☐ I/we have an existing company I/we wish to act as a Corporate Trustee

Name

ACN

Registered Address

Number and Street

City

State

Post Code

- ☐ I/we would like ExpertSuper™ Pty Ltd to establish a Special Purpose Corporate Trustee on my/our behalf.

Name Option 1

Name Option 2

- ☐ I/we wish for ExpertSuper™ Pty Ltd to be the registered address for the company and prepare the annual company review. I/We understand there is an additional fee for this service as per the fee schedule provided to me.  
(PLEASE NOTE: We can only perform this function for Special Purpose Corporate Trustees.)

## ADVISER 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) ☐

## DIRECTOR(S) DETAILS

### Director One (Please list details of 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

City of Birth

Country of Birth

### Director 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

City of Birth

Country of Birth

## DIRECTOR(S) DETAILS CONTINUED

### Director 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

City of Birth

Country of Birth

### Director 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

City of Birth

Country of Birth

## IDENTIFICATION

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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

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By applying my/our signatures below, I/we confirm the following;

- I/we engage ExpertSuper™ Pty Ltd (**ExpertSuper™**) for all services outlined at [www.expert-super.com.au](http://www.expert-super.com.au).
- I/we have accessed, read and understood the ExpertSuper™ Pty Ltd terms and conditions (**Terms**) which have been provided to me and are available at [www.expert-super.com.au](http://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](http://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™ Pty Ltd in accordance with the ExpertSuper™ Privacy Policy located on [www.expert-super.com.au](http://www.expert-super.com.au).
- 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 //

Director 1

Date //

Director 2

Date //

Director 3

Date //

Director 4