

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

Account Number

What is the first financial year we are to prepare?

ADVISER DETAILS

Salutation Mr Mrs Ms Miss

Business Names

Given Name(s)

Surname

Residential Address (cannot be a PO Box)

City

State

Post code

Contact 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)

TRUSTEE DETAILS

Trustee One (Please make this your primary contact)

Member (tick if YES)

Salutation

Mr

Mrs

Ms

Miss

Given name(s)

Surname

Residential Address (cannot be a PO Box)

City

State

Post code

Date of Birth

Tax File Number

Contact Number

Email Address

Trustee Two

Member (tick if YES)

Salutation

Mr

Mrs

Ms

Miss

Given name(s)

Surname

Residential Address (cannot be a PO Box)

City

State

Post code

Date of Birth

Tax File Number

Contact Number

Email Address

TRUSTEE DETAILS

Trustee Three

Member (tick if YES)

Salutation

Mr

Mrs

Ms

Miss

Given name(s)

Surname

Residential Address (cannot be a PO Box)

City

State

Post code

Date of Birth

Tax File Number

Contact Number

Email Address

Trustee Four

Member (tick if YES)

Salutation

Mr

Mrs

Ms

Miss

Given name(s)

Surname

Residential Address (cannot be a PO Box)

City

State

Post code

Date of Birth

Tax File Number

Contact Number

Email Address

TRUSTEE DETAILS

Trustee Five

Member (tick if YES)

Salutation

Mr

Mrs

Ms

Miss

Given name(s)

Surname

Residential Address (cannot be a PO Box)

City

State

Post code

Date of Birth

Tax File Number

Contact Number

Email Address

Trustee Six

Member (tick if YES)

Salutation

Mr

Mrs

Ms

Miss

Given name(s)

Surname

Residential Address (cannot be a PO Box)

City

State

Post code

Date of Birth

Tax File Number

Contact Number

Email Address

DETAILS OF PREVIOUS SMSF ACCOUNTANT OR ADMINISTRATOR

Previous Accountant / Administration Firm

Contact Person

Contact Number

Email Address

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 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.

DECLARATION

Trustee 1	Date
Trustee 2	Date
Trustee 3	Date
Trustee 4	Date
Trustee 5	Date
Trustee 6	Date