ExpertSuper

It's that simple!

New Fund Client Engagement Form
Corporate Trustee

www.expert-super.com.au

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FUND DETAILS

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.

Fund name

I/We would like Prime SMSF Solution to establish

ANZ account.

a) Existing ANZ client   Yes   No

b) If yes, please provide your CRN(Customer Reference Number)

Macquarie Bank Account

I/we would like a Macquarie Accelerator Account to be established.   Yes   No

I/We would like to establish my/our own bank account AND   I/We wish to register the fund for GST

STATEMENT OF ADVICE

I/We confirm I/we have recieved a Statement of Adivce (SOA) for the establishment of an SMSF and attached a copy

OR

I/We confirm I/we have not recieved a Statement of Adivce (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.

ADVISER DETAILS

Salutation   Mr   Mrs   Ms   Miss

Business Name

Given name(s)   Surname

Address

City   State   Post code

Contact Number   Fax Number   Email Address

I/We consent to you discussing my superannuation matters direct with my adviser (tick if YES)

I/We consent to my adviser having online access to the reporting portal (tick if YES)

DIRECTOR IDENTIFICATION NUMBER

To become a Director of an Australian corporation, you are required to be registered under the Australian Business Registry Services (ABRS) Department with a Director Identification Number (DIN).

For Australian resident directors, the fastest way to obtain a DIN is to apply online on the ABRS website from 1 November 2021. This will require a myGovID account (which is different from a standard myGov account). myGovID is an app you download to a smart device that allows you to prove who you are and log in to a range of government online serivces, including myGov.

You will need to have some personal information on hand to verify yourself.

For further information visit : https://www.abrs.gov.au/director-identification-number/apply-director-identificationnumber/verify-your-identity

COMPANY DETAILS

I/We have an existing company I/we wish to act as a C orporate 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.

DIRECTOR(S) DETAILS

Director 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   DIN (Director ID Number)

Occupation   Contact Number   Email Address

City of Birth   Country of Birth

Director 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   DIN (Director ID Number)

Occupation   Contact Number   Email Address

City of Birth   Country of Birth

DIRECTOR(S) DETAILS

Director 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   DIN (Director ID Number)

Occupation   Contact Number   Email Address

City of Birth   Country of Birth

Director 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   DIN (Director ID Number)

Occupation   Contact Number   Email Address

City of Birth   Country of Birth

DIRECTOR(S) DETAILS

Director 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   DIN (Director ID Number)

Occupation   Contact Number   Email Address

City of Birth   Country of Birth

Director 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   DIN (Director ID Number)

Occupation   Contact Number   Email Address

City of Birth   Country of Birth

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

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™ Pty Ltd 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.

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

Director 1   Date

Director 2   Date

Director 3   Date

Director 4   Date

Director 5   Date

Director 6   Date