

It's that simple!

New Fund Client Engagement Form Individual Trustee

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 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 attached 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.

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 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

Occupation

City of Birth

Country of Birth

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

Occupation

City of Birth

Country of Birth

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

Occupation

City of Birth

Country of Birth

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

Occupation

City of Birth

Country of Birth

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

Occupation

City of Birth

Country of Birth

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

Occupation

City of Birth

Country of Birth

IDENTIFICATION

We need identification for each fund Trustee/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 instructions of any one trustee of the SMSF without the need to confirm instructions with any other trustee.

Trustee 1 Date

Trustee 2 Date

Trustee 3 Date

Trustee 4 Date

Trustee 5 Date

Trustee 6 Date