

Self-Managed Superannuation Fund (SMSF) Establishment Instruction Sheet

Super Fund	
1.	What would you like to call your Super Fund?
Trustee	
2.	Trustee is: a) A company (please fill out a) below) b) Two or more individuals (please fill out b) below)
a) Company	
	Name of Trustee
	ACN of Trustee
	Address of Trustee (registered office) <div style="text-align: right; font-size: small;">(Street number, Street name, Suburb, State, Postcode)</div>
	Is the Trustee a sole director company? (A) If yes, name of Sole Director (B) If no, name and address of Directors (up to 4 Directors) <div style="text-align: right; font-size: small;">For each Director, complete: First name Middle name Family name Street number, Street name, Suburb, State, Postcode</div>
	Name of Chairperson of the board of Directors:
b) Two or more individuals	
	Name of Trustee 1 <div style="text-align: right; font-size: small;">First name Middle name Family name</div>

	Address of Trustee 1	Street number, Street name, Suburb, State, Postcode
3.	Name of Trustee 2	First name Middle name Family name
	Address of Trustee 2	Street number, Street name, Suburb, State, Postcode
	Name of Trustee 3	First name Middle name Family name
	Address of Trustee 3	Street number, Street name, Suburb, State, Postcode
	Name of Trustee 4	First name Middle name Family name
	Address of Trustee 4	Street number, Street name, Suburb, State, Postcode
	Initial Sum	
	Initial Sum*	
	(This will be the first contribution into the fund. We recommend it be something nominal, like \$10).	
Members		
4.	Name of Member 1	First name Middle name Family name
	Address of Member 1	Street number, Street name, Suburb, State, Postcode
	Name of Member 2	First name Middle name Family name
	Address of Member 2	Street number, Street name, Suburb, State, Postcode
	Name of Member 3	First name Middle name Family name
	Address of Member 3	Street number, Street name, Suburb, State, Postcode
	Name of Member 4	First name Middle name Family name

	Address of Member 4	Street number, Street name, Suburb, State, Postcode
General		
5.	Do you prefer to receive the documents via post, email or both?	<input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> Both
	a) Postal address for Documents	Street number, Street name, Suburb, State, Postcode
	b) Email address for documents	
	c) Your contact number	
6.	Attention (instructions provided by) (Who should the receipt and cover letter for the documents be addressed to?)	Salutation First name middle name surname Street number, Street name, Suburb, State, Postcode

Bartier Perry fees are \$770 GST inclusive.

Payment

* Credit Card Number	
* CCV (digits on back of card)	
* Expiry date	Choose... <input type="button" value="v"/> Choose... <input type="button" value="v"/>
* Name on card	

If you have any question, please email privatedocs@bartier.com.au or contact us on +61 2 8281 7800.