

smsf+options

PERSON/ADVISOR ORDERING FUND

Full Name

Company

Postal Address

Phone

E-mail

NEW FUND DETAILS

Proposed Name of Fund

Primary Contact

Fund Address

Postal Address

Meeting Address

INDIVIDUAL TRUSTEES AND MEMBERS

Member 1 / Trustee 1

First Name

Middle/Other Name

Family Name

Residential Address

DOB

TFN

Position

Trustee

Member

Signature

Date

Member 2 / Trustee 2

First Name

Middle/Other Name

Family Name

Residential Address

DOB

TFN

Position

Trustee

Member

Signature

Date

INDIVIDUAL TRUSTEES AND MEMBERS (CONT)

Member 3 / Trustee 3

First Name

Middle/Other Name

Family Name

Residential Address

DOB

TFN

Position

Trustee

Member

Signature

Date

Member 4 / Trustee 4

First Name

Middle/Other Name

Family Name

Residential Address

DOB

TFN

Position

Trustee

Member

Signature

Date

FURTHER INFORMATION

For further information or assistance in completing this form, please contact

Guy Wuoti on (07) 5532 1161

Please e-mail completed forms to: admin@smsfoptions.com

or post to:

SMSF Options Pty Ltd

PO Box 108

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