

smsf+options

PERSON/ADVISOR ORDERING FUND

Full Name

Company

Postal Address

Phone

E-mail

NEW FUND DETAILS

Proposed Name of Fund

Primary Contact

State of registration

NSW

VIC

QLD

SA

WA

TAS

ACT

NT

Fund Meeting Address

Fund Postal Address

TRUSTEE COMPANY DETAILS

Preferred Company Name

2nd Choice

Is your preferred name
available?

Yes
No

Is this a Sole Purpose
SMSF Trustee
Company?

Yes
No

- [Click here to check](#)

State of registration of the company?	NSW	VIC	QLD	SA
	WA	TAS	ACT	NT

Registered office of the company

Will the Company occupy this office? Yes No

If No, what is the name of the occupier of the office?

Principal place of business of the Company

Appoint SMSF Options Pty Ltd as registered agents? Yes No

Office Holders/Members

Member 1 / Director 1

First Name

Middle/Other Name

Family Name

Residential Address

Place of Birth (town/state)

DOB

TFN

Position

Director

Secretary

Member

Public Officer

Chairman

Number of Shares

Amount per Share

Share Class

Declaration

I hereby declare the following:

- The information provided on this form is true and correct at the time of signing;
- I consent to act as a Director/Secretary/Public Officer of the above named; &
- I accept the proposed constitution of the above named; &
- I am unaware, or have no reasonable grounds to suspect, that a person who is, or is acting as, a responsible officer of the trustee is a disqualified person as defined in section 120(1) of the Superannuation Industry (Supervision) Act 1993.

Signature

Date

Office Holders/Members (cont.)

Member 2 / Director 2

First Name

Middle/Other Name

Family Name

Residential Address

Place of Birth (town/state)

DOB

TFN

Position

Director

Secretary

Member

Public Officer

Chairman

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Amount per Share

Share Class

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Signature

Date

Office Holders/Members (cont.)

Member 3 / Director 3

First Name

Middle/Other Name

Family Name

Residential Address

Place of Birth (town/state)

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Signature

Date

Office Holders/Members (cont.)

Member 4 / Director 4

First Name

Middle/Other Name

Family Name

Residential Address

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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

CHIRN PARK QLD 4215