



Establishment of a Self-Managed Superannuation Fund: Set Up Form

A Fund

1	Name of Fund:		
	New SMSF or Update:	New <input type="checkbox"/>	Update <input type="checkbox"/>
2	Governing Law of Fund	Western Australia <input type="checkbox"/>	Other (<i>specify</i>): <input type="checkbox"/>

B What is the name of the employer or person establishing the Fund? i.e. can be a member

3	Is the employer or other person an individual or a company?	Individual <input type="checkbox"/>	Company <input type="checkbox"/>
	Name:		

C Membership – names and addresses of Members joining the Fund

5	How many members will the Fund have when it starts?			
6	Name:			
	Address:			
	Occupation:			
	Date of Birth: __ / __ / __	Place of Birth:	Tax File No: [optional but useful] ___ / ___ / ___	
	Beneficiary:	Who does this member wish to appoint as their beneficiary under the Trust? Also, what proportion of the death benefit is that person to receive, and what is their relationship to this member?		
		Given Names:	Family Name:	Relationship to Member:
	Proportion of Benefit: %			
	Binding Death Nomination:	Does the member want their death benefit nomination in the previous question to bind the trustee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Name:			
	Address:			
	Occupation:			
	Date of Birth: __ / __ / __	Place of Birth:	Tax File No: [optional but useful] ___ / ___ / ___	

	Beneficiary:	Who does this member wish to appoint as their beneficiary under the Trust? Also, what proportion of the death benefit is that person to receive, and what is their relationship to this member?			
		Given Names:	Family Name:	Relationship to Member:	Proportion of Benefit %
	Binding Death Nomination:	Does the member want their death benefit nomination in the previous question to bind the trustee?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Name:				
	Address:				
	Occupation:				
	Date of Birth: ___ / ___ / ___	Place of Birth:	Tax File No: [optional but useful] ___ / ___ / ___		
	Beneficiary:	Who does this member wish to appoint as their beneficiary under the Trust? Also, what proportion of the death benefit is that person to receive, and what is their relationship to this member?			
		Given Names:	Family Name:	Relationship to Member:	Proportion of Benefit %
	Binding Death Nomination:	Does the member want their death benefit nomination in the previous question to bind the trustee?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Name:				
	Address:				
	Occupation:				
	Date of Birth: ___ / ___ / ___	Place of Birth:	Tax File No: [optional but useful] ___ / ___ / ___		
	Beneficiary:	Who does this member wish to appoint as their beneficiary under the Trust? Also, what proportion of the death benefit is that person to receive, and what is their relationship to this member?			
		Given Names:	Family Name:	Relationship to Member:	Proportion of Benefit %
	Binding Death Nomination:	Does the member want their death benefit nomination in the previous question to bind the trustee?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

D Trustee		
10	Nature of Trusteeship:	Individuals <input type="checkbox"/> Corporate <input type="checkbox"/>
11	Name of Trustee(s):	
	ACN <i>[if company]</i> :	
	Address or <i>[if the trustee is a company]</i> registered office:	
	Names of Directors <i>[if the trustee is a company]</i> :	
	Would you like us to set up the Company?	
	If setting up a <u>new</u> SMSF which of the following declarations are the Directors of the Trustee able to make? They must make one of them:	<input type="checkbox"/> "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" OR <input type="checkbox"/> "I am aware , or have reasonable grounds to suspect, that a disqualified person is or is acting as, a responsible officer of the Trustee. However, we believe that a person is eligible (under subsection 126B (1) of the Superannuation Industry (Supervision) Act 1993 to apply to the Regulator for a declaration waiving his or her status as a disqualified person and that the person will make an application under subsection
	Do any of the Trustees/Directors named above employ any of the others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If the answer to the above question is "yes" are those people related by family .	Yes <input type="checkbox"/> No <input type="checkbox"/>

E Bank Account

12	Name of Bank:	
	Branch <i>[name or address of branch]</i> :	

F Signing the SMSF

13	Approximate time, date and place:	
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G Fund's Accountants

14	Name:	
	Address:	
	Contact Person:	Phone:

H Fund's Auditor

15	Name:	
	Address:	
	Contact Person:	Phone:

I Document Delivery

16	Name of Client/Firm:	
	Address for Documents:	
	Requested By:	Phone:
	Date Required:	
	Method of Delivery: Hand <input type="checkbox"/> Courier <input type="checkbox"/>	

Fees (as at January 2017)

- To set up where Trustee is an individual the cost is **\$440.00** (plus GST and disbursements); or
- To set up where a corporate Trustee the cost is **\$1,320.00** (plus GST and disbursements but including ASIC incorporation fee);

Changes to these instructions may incur additional costs. Our lawyers are available to provide advice.

<input type="checkbox"/>	Charge my credit card	Card Type	<input type="checkbox"/> B/Card	<input type="checkbox"/> Visa	<input type="checkbox"/> M/Card
		Card #			
		Name on Card		Expiry	/20__
		Cardholder's signature:			
<input type="checkbox"/>	or Cheque enclosed				