

FUND DETAILS

Chosen Fund Name	
Primary Contact Person	
Contact Phone Number	
Contact Email Address	
Fund Address <i>(This will also be the registered address of your new SMSF trustee company)</i>	

TRUSTEE COMPANY NAME
(must be unique)

Proposed Company Name	
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Have you checked the availability of the company name with ASIC?  [Click here to complete an identical names check](#)

DETAILS OF MEMBER 1 / DIRECTOR 1

Full Name	
Place of Birth	
Date of Birth	
Tax File Number	
Residential Address	

Declaration
I hereby declare the following:

- The information provided on this form is true and correct at the time of signing;
- I consent to become a director of the above named superannuation trustee company;
- I accept the proposed constitution of the above named superannuation trustee company


Signature	
Date:/...../.....	

DETAILS OF MEMBER 2 / DIRECTOR 2

Full Name	
Place of Birth	
Date of Birth	
Tax File Number	
Residential Address	

Declaration
I hereby declare the following:

- The information provided on this form is true and correct at the time of signing;
- I consent to become a director of the above named superannuation trustee company;
- I accept the proposed constitution of the above named superannuation trustee company

Signature	
Date:/...../.....	

DETAILS OF MEMBER 3 / DIRECTOR 3

Full Name	
Place of Birth	
Date of Birth	
Tax File Number	
Residential Address	

Declaration
I hereby declare the following:

- The information provided on this form is true and correct at the time of signing;
- I consent to become a director of the above named superannuation trustee company;
- I accept the proposed constitution of the above named superannuation trustee company

Signature		Date:/...../.....
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DETAILS OF MEMBER 4 / DIRECTOR 4

Full Name	
Place of Birth	
Date of Birth	
Tax File Number	
Residential Address	

Declaration
I hereby declare the following:

- The information provided on this form is true and correct at the time of signing;
- I consent to become a director of the above named superannuation trustee company;
- I accept the proposed constitution of the above named superannuation trustee company

Signature		Date:/...../.....
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PAYMENT DETAILS

Amount	\$1,540 including GST - New SMSF & New Trustee Company – COMPLETE SERVICE	
Card Holder Name		
Credit Card Number		
Expiry Date	Card Type: Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX (3% surcharge) <input type="checkbox"/>	
Signature		Date:/...../.....

CHECKLIST

Please Provide the Following:	<ul style="list-style-type: none"> ▪ Copy of your existing SMSF trust deed ▪ All member / director details completed ▪ All declarations signed and dated ▪ Completed payment details 	
	Post: Please send this completed form and your trust deed to: PO Box 3222 Australia Fair Post Office SOUTHPORT QLD 4215	Email / Fax: kris@evolvemysuper.com.au Fax: 07 5528 2200