



SuperHelp Australia Pty. Ltd.

ABN 60 061 126 663

SMSF set up kit order form

Address: PO Box 208
Hurstville NSW 1481
Email: info@superhelp.com.au
Phone: 1 300 736 453
Fax: (02) 8456 5904

Complete the form below. Your SMSF trust deed will be created using the details you provide here. Use this form if you have 2 to 4 members and you do not have a corporate trustee.

1 SMSF Name:	
2 SMSF Establishment Date:	
3 Please select your preference to receive SMSF Setup Kit (If by mail, additional charge of \$20 applies) :	<input type="checkbox"/> Email <input type="checkbox"/> Mail
4 Number of Members:	
5 Is any trustee an employer of another member(s)? (Y/N)	
5.1 If the answer above is "Y", are the two related by family? (Y/N)	



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6.1 Member 1	Title (Mr / Mrs/ Ms / etc):	<input type="text"/>
	Surname:	<input type="text"/>
	Given Names:	<input type="text"/>
	Date of Birth:	<input type="text"/>
	Place of Birth (City, State & Country):	<input type="text"/>
	Occupation:	<input type="text"/>
	Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.2 Member 2	Title (Mr / Mrs/ Ms / etc):	<input type="text"/>
	Surname:	<input type="text"/>
	Given Names:	<input type="text"/>
	Date of Birth:	<input type="text"/>
	Place of Birth (City, State & Country):	<input type="text"/>
	Occupation:	<input type="text"/>
	Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.3 Member 3	Title (Mr / Mrs/ Ms / etc):	<input type="text"/>
	Surname:	<input type="text"/>
	Given Names:	<input type="text"/>
	Date of Birth:	<input type="text"/>
	Place of Birth (City, State & Country):	<input type="text"/>
	Occupation:	<input type="text"/>
	Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.4 Member 4	Title (Mr / Mrs/ Ms / etc):	<input type="text"/>
	Surname:	<input type="text"/>
	Given Names:	<input type="text"/>
	Date of Birth:	<input type="text"/>
	Place of Birth (City, State & Country):	<input type="text"/>
	Occupation:	<input type="text"/>
	Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



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To SuperHelp Australia Pty. Ltd.

You are appointed to act as our agent to procure a Trust Deed and ancillary legal documentation from a solicitor, the particulars for such trust deed and legal documents being set out hereunder. In consideration for you acting as our agent, we shall pay you such amount as agreed.

I understand that the initial fee paid is non-refundable.

I declare that I have not received advice from SuperHelp Australia Pty. Ltd. regarding my decision to start a SMSF.

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.

Name:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>
Mailing Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone:	(Work) <input type="text"/> (Home) <input type="text"/> (Mobile) <input type="text"/>
Email:	<input type="text"/>