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NEW FUND ESTABLISHMENT FORM

FUND FULL NAME: _____

POSTAL ADDRESS: _____

MEETING ADDRESS: _____

PHONE: _____ FAX: _____ MOBILE: _____

EMAIL: _____

TRUSTEES AND MEMBERS

Maximum number of members is four (4). Each member must be a trustee or Director of the Corporate Trustee. For a single member Fund, there must be either a Corporate Trustee or two individuals as trustees. One Trustee needs to be the member and the other needs to be one of the following:

- a person related to the member;
- any other person who does not employ them.

Please tick the box that the “Trustee” relates to:

- INDIVIDUAL
- COMPANY

<input type="checkbox"/> MEMBER <input type="checkbox"/> TRUSTEE/DIRECTOR*	<input type="checkbox"/> MEMBER <input type="checkbox"/> TRUSTEE/DIRECTOR*
FULL NAME:	FULL NAME:
TITLE	TITLE
ADDRESS:	ADDRESS:
DATE OF BIRTH	DATE OF BIRTH
PLACE OF BIRTH	PLACE OF BIRTH
TAX FILE NUMBER	TAX FILE NUMBER

<input type="checkbox"/> MEMBER <input type="checkbox"/> TRUSTEE/DIRECTOR*	<input type="checkbox"/> MEMBER <input type="checkbox"/> TRUSTEE/DIRECTOR*
FULL NAME:	FULL NAME:
TITLE	TITLE
ADDRESS:	ADDRESS:
DATE OF BIRTH	DATE OF BIRTH
PLACE OF BIRTH	PLACE OF BIRTH
TAX FILE NUMBER	TAX FILE NUMBER

IF THE TRUSTEE IS A COMPANY

TICK THIS BOX IF YOU WOULD LIKE SOURCE TO SET UP THE COMPANY FOR YOU

COMPANY
NAME

Registered
Address

Street

Suburb

State

Postcode

ACN:

(IF COMPANY IS ALREADY ESTABLISHED)

I, _____ of _____
above have consented to act as officers of the proposed company.

confirm that the parties listed

Signed:

Dated:

ATO REGISTRATION REQUIREMENTS

We confirm that we require the following registrations for our Self-Managed Superannuation Fund.

GST: Y / N

PAYG Withheld: Y / N

Approximate Annual Turnover: \$

Annual Wages: \$

SUPERANNUATION CONTRIBUTIONS

Is there a third party employer? If so, your Fund will need an Electronic Service Address.

Please set my Fund up for Super Stream. I acknowledge that an additional fee of \$275 including GST will apply.

TRUSTEE CONSENT

I/We consent that the company listed above has resolved to act as Trustee of the Self-Managed Superannuation Fund listed on page 1 of this form.

I/We further declare the following:

I/We are not disqualified persons under the meaning of section 120 of the *Superannuation Industry (Supervision) Act* as:

Individuals

- I have not been convicted of an offence involving dishonest conduct, or
- I have not, at any time, been subject to a civil penalty order under SIS;
- I am not an insolvent under administration (e.g. an undischarged bankrupt).

Directors

- No person acting as a responsible officer (e.g. Director, Secretary or Executive Officer) of the body corporate is a disqualified person;
- No receiver, official manager or provision liquidator has been appointed to the company;
- No action has commenced to wind up the company.

I/We authorise Source Accounting Australia to attend to the establishment of the entities listed above and further request that Source Accounting Australia attends to the registration of the entities with the Australian Securities and Investments Commission and the Australian Taxation Office as required.

I/We have not requested Financial Advice from Source Accounting Australia in relation to whether an SMSF is right for us given our individual circumstances. I/We have obtained independent advice in relation to the appropriateness of an SMSF. I/We would like you to set up the documents only.

Trustee/Director

Trustee/Director

Date:

PAYMENT DETAILS

Fees: A tax invoice will be issued when the entity is created.

Please debit the following credit card with the amount of \$

Type of card: Visa Mastercard

Card Number: Expiry Date:

Name on Card: CCV:

Signature: Date:

This completed form should be signed and returned to our office via fax on 07 3394 4611 or email on voulla@sourceaccounting.com.au. Please contact us on 07 3394 4622 should you require any assistance completing this form.

DISCLAIMER: SOURCE ACCOUNTING AUSTRALIA DISCLAIMS ANY RESPONSIBILITY FOR THE ACCURACY OF THE ITEMS COMPLETED ON THIS FORM. AS SUCH, PLEASE ENSURE THAT ALL INFORMATION SUPPLIED IS ACCURATE AS WE WILL ATTEND TO THE ESTABLISHMENT OF YOUR FUND USING THE EXACT DETAILS PROVIDED ABOVE. IF ANY CHANGES ARE REQUIRED AFTER YOUR FUND HAS BEEN ESTABLISHED DUE TO THE INACCURATE COMPLETION OF THIS FORM, THIS WILL INCUR AN ADDITIONAL CHARGE. WE HAVE NOT PROVIDED YOU WITH ANY ADVICE IN RELATION TO YOUR SMSF ESTABLISHMENT. YOU SHOULD OBTAIN INDEPENDENT FINANCIAL ADVICE PRIOR TO PROCEEDING TO ENSURE THAT AN SMSF IS RIGHT FOR YOU AND ALIGNS WITH YOUR FINANCIAL SITUATION AND GOALS.