

Self Managed Superannuation

New Fund Application

Fund Details

Name of Self Managed Super Fund _____

Contact Person Name(s) _____

GST Registration Yes No Unsure

Contact Details: Email _____

Phone: Mobile _____ Home () _____ Work () _____

Trustee Details

Corporate Trustee

Company Name _____

Registered Address _____

ACN _____

Trustee / Director / Member Details

1) Mr/Mrs/Miss/Ms/Dr/Other _____ Member Yes No

Given Names _____ Surname _____

Street Address _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Tax File No _____ Occupation _____

Pension Payment Required Yes No Pension Commencement Date _____

Nominated Beneficiary _____

Existing Super Fund Name _____

Life and Income Protection insurance required Yes No

2) Mr/Mrs/Miss/Ms/Dr/Other _____ Member Yes No

Given Names _____ Surname _____

Street Address _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Tax File No _____ Occupation _____

Pension Payment Required Yes No Pension Commencement Date _____

Nominated Beneficiary _____

Existing Super Fund Name _____

Life and Income Protection insurance required Yes No

3) Mr/Mrs/Miss/Ms/Dr/Other _____ Member Yes No
 Given Names _____ Surname _____
 Street Address _____
 Date of Birth ____ / ____ / _____ Place of Birth _____
 Tax File No _____ Occupation _____
 Pension Payment Required Yes No Pension Commencement Date _____
 Nominated Beneficiary _____
 Existing Super Fund Name _____
 Life and Income Protection insurance required Yes No

4) Mr/Mrs/Miss/Ms/Dr/Other _____ Member Yes No
 Given Names _____ Surname _____
 Street Address _____
 Date of Birth ____ / ____ / _____ Place of Birth _____
 Tax File No _____ Occupation _____
 Pension Payment Required Yes No Pension Commencement Date _____
 Nominated Beneficiary _____
 Existing Super Fund Name _____
 Life and Income Protection insurance required Yes No

Declaration for all new self managed super applicants

- I/we hereby declare that the above information is true and correct.
- I/we agree for Best Interest Advice Pty Limited to undertake the ongoing Administration and Taxation Service of my/our new SMSF for a minimum of the first 12 months from the SMSF setup date.
- I/we acknowledge that Best Interest Advice Pty Limited will register the Corporate Trustee (if applicable) and Superannuation fund with the Australian Taxation Office for the purpose of acquiring an Australian Business Number and Tax File Number.
- I/we agree I/we have received, read and understood Best Interest Advice Pty Limited's Financial Services Guide (FSG) and schedule of SMSF fees (attached).
- I/we agree to Best Interest Advice Pty Limited's pricing schedule provided and agree to all fees associated with Best Interest Advice Pty Limited's Administration, Taxation and Audit Service.
- I/we authorise Best Interest Advice Pty Limited to deduct all applicable Administration and Audit fees from my/our SMSF's bank account.
- I/we authorise Best Interest Advice Pty Limited's administration partners, Baumgartner Partners, to act as our registered tax agent, in relation to the preparation and lodgement of the superannuation fund income tax return.
- I/we agree that Best Interest Advice Pty Limited has not provided me with financial advice and that Best Interest Advice Pty Limited is not responsible for the investment decisions I/we make and the investment products I/we select to invest in.
- I/we have read and agree with the terms and conditions of the Selfmanagedsuper.com.au website and its privacy statement.
- I/we understand all the responsibilities of being a self-managed superannuation fund trustee.

(1) Signature _____ (2) Signature _____
 (3) Signature _____ (4) Signature _____

Please forward the completed form on to Selfmanagedsuper.com.au using the following options:

-  **Email** Scan and email this form to info@selfmanagedsuper.com.au
-  **Post** Post to **Selfmanagedsuper.com.au, PO Box 115 North Ryde BC NSW 1670**
-  **Fax** Fax the completed form to **(02) 9870 7556**