

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 _____
Email Address _____ Phone _____
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 _____
Email Address _____ Phone _____
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 _____
 Email Address _____ Phone _____
 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 _____
 Email Address _____ Phone _____
 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 Selfmanagementsuper.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 Selfmanagementsuper.com.au using the following options:

-  **Email** Scan and email this form to info@selfmanagementsuper.com.au
-  **Post** Post to [Selfmanagementsuper.com.au](https://www.selfmanagementsuper.com.au), PO Box 115 North Ryde BC NSW 1670
-  **Scan** Scan the completed form via phone and send or SMS to **0431 329 842**