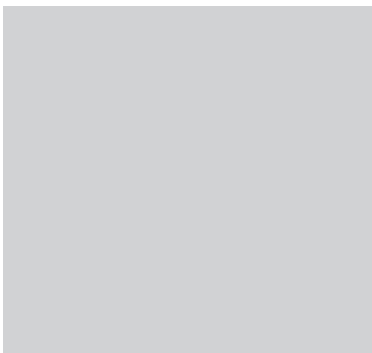


Client Engagement Form



Client Engagement Form

Please select Client Engagement Form type:

New Fund Existing Fund

Fund Details		
Name of Superannuation Fund _____		
Postal address _____		
Email _____	Tel _____	Mobile _____
New Fund		
Would you like to register this fund for GST?*	Yes	No
* Annual fees apply. The fund is not required to register for GST unless the income resulting from taxable activities such as commercial rent exceeds \$75,000 p.a. We recommend you seek advice from your Financial Adviser as to whether this is suitable for your fund.		
Existing Fund		
Australian Business Number (ABN) _____		
Tax File Number (TFN) _____		
Is this fund paying a pension?	Yes	No
Do you have a bank account set up for this fund?	Yes	No
If Yes, name the financial institution _____		
Address _____		
Account Name _____		
BSB _____ A/C _____		
What is the first financial year you would like us to prepare? _____		
Investment Adviser Details		
Name _____ Company _____		
Address _____		
Tel _____ Email _____		
Do you authorise the Investment Adviser to access the financial statements online?	Yes	No
Company Trustee		
Does the fund have an existing Company to act as Trustee?	Yes	No
If Yes , Company Name _____ ACN _____		
Registered Office _____		
If No , Would you like SuperGuardian to arrange establishment?	Yes	No
If Yes , proposed name _____		
Would you like us to prepare the annual ASIC Company Review? <small>*additional fees apply</small>	Yes	No
Director 1/ Trustee 1		
Is this Director/ Trustee a member?	Yes	No
Title _____ Given Name _____ Middle Name _____ Surname _____		
Street Address _____		
Tax File Number _____		
Date of Birth _____ Country of Birth _____ City _____		
Occupation _____ Employer _____		
Email _____		

Director 2/ Trustee 2	
Is this Director/ Trustee a member?	Yes No
Title ____ Given Name _____ Middle Name _____ Surname _____	
Street Address _____	
_____ Tax File Number _____	
Date of Birth _____ Country of Birth _____ City _____	
Occupation _____ Employer _____	
Email _____	
Director 3/ Trustee 3	
Is this Director/ Trustee a member?	Yes No
Title ____ Given Name _____ Middle Name _____ Surname _____	
Street Address _____	
_____ Tax File Number _____	
Date of Birth _____ Country of Birth _____ City _____	
Occupation _____ Employer _____	
Email _____	
Director 4/ Trustee 4	
Is this Director/ Trustee a member?	Yes No
Title ____ Given Name _____ Middle Name _____ Surname _____	
Street Address _____	
_____ Tax File Number _____	
Date of Birth _____ Country of Birth _____ City _____	
Occupation _____ Employer _____	
Email _____	
Previous Accountant	
Name _____	
Company _____	
Address _____	
Email _____ Telephone _____	
Declaration and Consent	
I/We hereby declare that all of the above information is true and correct.	
I/We agree to provide all information required by Selfmanagedsuper.com.au to ensure the efficiency of ongoing reporting.	
In the case of an existing fund, I/we authorise Selfmanagedsuper.com.au to contact the prior Administrator and/or Accountant to obtain the necessary records and information to enable Selfmanagedsuper.com.au to undertake the administration of the fund. I/We agree to be bound by the terms and conditions of the direct debit authority agreement.	
I/We acknowledge we have read and will abide by the terms and conditions provided to us.	
Signed _____ Date _____	