

INSTRUCTION FORM: SUPERANNUATION FUND

YOUR DETAILS

I am _____ an advisor to an individual seeking to set up a superannuation fund
_____ an individual seeking to set up a superannuation fund

Full name

Address

Phone

Email

SUPERANNUATION FUND

Name of fund

Address

Establishment date of fund

TRUSTEE

Trustee #1

The trustee is _____ a company _____ an individual

Full name/Company name

ACN (if applicable)

Address/Registered office address

Phone

Facsimile

Directors (if applicable)

Full name(s)

Registered office address

Trustee #2

The trustee is a company an individual

Full name/Company name

ACN (if applicable)

Address/Registered office address

Phone

Facsimile

Directors (if applicable)

Full name(s)

Registered office address

Trustee #3

The trustee is a company an individual

Full name/Company name

ACN (if applicable)

Address/Registered office address

Phone

Facsimile

Directors (if applicable)

Full name(s)

Registered office address

Trustee #4

The trustee is a company an individual

Full name/Company name

ACN (if applicable)

Address/Registered office address

Phone

Facsimile

Directors (if applicable)

Full name(s)

Registered office address

If you have additional trustees, please include all relevant details in the textbox at the end of this form.

EMPLOYER

(If applicable)

Full name/Company name

Address/Registered office address

MEMBERS

Member #1

Full name

Address

Date of birth

Member #2

Full name

Address

Date of birth

Member #3

Full name

Address

Date of birth

Member #4

Full name

Address

Date of birth

If you have additional members, please include all relevant details in the textbox at the end of this form.

Are there any other instructions we should know (including additional trustees etc)?

BILLING

Your chosen payment method:

Cheque in mail

Direct deposit

Bankcard

Mastercard

Visa

Please send me an invoice, which I agree to pay within 14 days

Card number

Name of cardholder

Expiry date

Direct deposit details:

National Bank Australia (Pirie Street)
BSB: 085-005 Account: 525 554 575
Reference: "Shelfdocs [INSERT YOUR COMPANY NAME HERE]"