

Request to Establish a New SMSF

Fund Name

_____ Superannuation Fund
[Any name can be used; however it is best to keep your fund name succinct and relevant to you; all text entered here (e.g. capitals, abbreviations and spaces) will be applied.]

Primary Contact

Trustee/Member Accountant Adviser Other _____

Name: _____

Postal Address: _____

Phone: Work/Mobile _____ Home _____

Email: _____

Fund Commencement Date

____ / ____ / ____

Office use only

Fund Founder

[This is the employer or other person/s or entity establishing the fund.]

Name/s: _____

Postal Address: _____

Phone: Work/Mobile _____ Home _____

Email: _____

If the founder is a Company:

ACN/ABN: _____

Director/s Name/s: _____

Will this company execute the Trust Deed by affixing its Common Seal?

Yes

No - If No, the Trust Deed will be executed by the entity's authorised representative/s who is/are:

Is the founding person or entity an employer of any member of the fund?

[A member cannot be employed by another member unless they are a relative.]

Yes

No

General

How many members will the fund have when it starts? _____

Which jurisdiction's laws apply to the Trust Deed?

[Name the State or Territory] _____

Type of Trustee

Individual

Corporate - new

Is this Company ONLY to be the trustee of the superannuation fund? Yes
No

Corporate - existing

ACN _____ Date of Incorporation _____

Single Member Fund:

Other Individual Trustee: A single member fund, where the trustee is *not* a company, must have one other Individual Trustee; this person can be a relative or any other person who is not an employer of the member.

Other Director: A single member fund may have a 'single director company' as trustee with the member as the single director. Alternatively, the trustee company may have up to two directors (including the member); the other Director can be a relative or any other person who is not an employer of the member.

Provide details of the other Individual Trustee or other Director of the trustee company:

Full Name: _____

Occupation: _____ Date of Birth: _____

Residential Address: _____

If the Trustee is a Company:

How many Directors? _____

Name: _____

ACN/ABN: _____

Address: _____

Executing Documents

Will the Corporate Trustee execute the Trust Deed by affixing its Common Seal?

Yes

No - If No, the Trust Deed will be executed by the Trustee's authorised representative/s who is/are:

Trustee Validation:

If the Trustees are Individuals, for the trust to be valid one of the following must be the case (please tick which one of the following is true)

- Each of the Trustees **does not** employ any of the other Trustees
- Each of the Trustees who employs any of the other Trustees **is also related** to those employed Trustees

If the Trustee is a Company, for the trust to be valid one of the following must be the case (please tick which one of the following is true)

- Each of the Directors (of the Trustee Company) **does not** employ any of the other Directors.
- Each of the Directors (of the Trustee Company) who employs any other Director **is also related** to that employed Director.

Trustee Declarations:

If the Trustee is a Company, the Directors (of the Trustee Company) must be able to make one of the following declarations (please tick which of the following is to apply)

- "We are/I am unaware, or have no reasonable grounds to suspect, that a person who is, or is acting as, a responsible officer of the trustee is a disqualified person as defined in section 120(1) of the Superannuation Industry (Supervision) Act 1993."
- "We are/I am aware, or have reasonable grounds to suspect, that a disqualified person is, or is acting as, a responsible officer of the Trustee. However, we/I believe that person is eligible (under subsection 126B (1) of the Superannuation Industry (Supervision) Act 1993) to apply to the Regulator for a declaration waiving his or her status as a disqualified person and that the person will make an application under subsection 126B(3) within the allowed period."

Trustee meetings

Who will attend the meeting to **establish the Z bX**? _____

Who will chair the meeting? _____

Where and when will that meeting be held? (Office use only)

Venue _____

Date _____ Time _____

Who will attend the meeting to **establish the Z bX investment strategy**? _____

Who will chair the meeting? _____

Where and when will that meeting be held? (Office use only)

Venue _____

Date _____ Time _____

Auditor

Who will audit the fund? _____

Phone: _____

Adviser Details

[If applicable]

Who is the Financial Adviser for the fund? _____

Phone: _____

Synectic Super mailbox service

I would like Synectic Super Pty Ltd to act as my mailbox for all the paperwork associated with this fund.

Yes or I would like more information please
.....cf.....Bc'hUb_mai

Authority to Establish the Fund

[Person authorised to establish this fund]

Name

Signature

Date

Fund Member Details - 1

[A Self Managed Superannuation Fund is limited to four members or less. Each member must be trustee as an individual or as director of h\Y'fif g\Y'Vta dUbm]

Member/Trustee 1 Individual Trustee or Director

Full Name: _____

Occupation: _____

Birth Details: Date of Birth: _____

City: _____ State: _____ Country: _____

Residential Address: _____

Phone: Work/Mobile _____ Home _____

Email: _____

TFN: _____

Nominated Beneficiary: Binding or Non-Binding

[Provide details of the person/s whom this member wishes to appoint as beneficiary under the Trust.]

Beneficiary Full Name	Relationship to member	Proportion of Benefit %

Member 1: Signature

Date

Fund Member Details - 2

[Remove or leave this page blank if not required]

Member/Trustee 2 Individual Trustee or Director

Full Name: _____

Occupation: _____

Birth Details: Date of Birth: _____

City: _____ State: _____ Country: _____

Residential Address: _____

Phone: Work/Mobile _____ Home _____

Email: _____

TFN: _____

Nominated Beneficiary: Binding or Non-Binding

[Provide details of the person/s whom this member wishes to appoint as beneficiary under the Trust.]

Beneficiary Full Name	Relationship to member	Proportion of Benefit %

Member 2: Signature

Date

Fund Member Details - 3

[Remove or leave this page blank if not required]

Member/Trustee 3 Individual Trustee or Director

Full Name: _____

Occupation: _____

Birth Details: Date of Birth: _____

City: _____ State: _____ Country: _____

Residential Address: _____

Phone: Work/Mobile _____ Home _____

Email: _____

TFN: _____

Nominated Beneficiary: Binding or Non-Binding

[Provide details of the person/s whom this member wishes to appoint as beneficiary under the Trust.]

Beneficiary Full Name	Relationship to member	Proportion of Benefit %

Member 3: Signature

Date

Fund Member Details - 4

[Remove or leave this page blank if not required]

Member/Trustee 4 Individual Trustee or Director

Full Name: _____

Occupation: _____

Birth Details: Date of Birth: _____

City: _____ State: _____ Country: _____

Residential Address: _____

Phone: Work/Mobile _____ Home _____

Email: _____

TFN: _____

Nominated Beneficiary: Binding or Non-Binding

[Provide details of the person/s whom this member wishes to appoint as beneficiary under the Trust.]

Beneficiary Full Name	Relationship to member	Proportion of Benefit %

Member 4: Signature

Date

Additional questions for ABN / TFN application

Individual Trustees of a Self Managed Superannuation Fund

Have any of the trustees been convicted of an offence in respect of dishonest conduct in the Commonwealth or any state, territory or foreign country?	No	Yes
Has a civil penalty order ever been made in relation to any of the trustees?	No	Yes
Are any of the trustees an undischarged bankrupt?	No	Yes
Have any of the trustees been notified that they are a disqualified person by the Regulator (the Tax Office or APRA)?	No	Yes

Corporate Trustee of a Self Managed Superannuation Fund

Does the company know or have reasonable grounds to suspect, that a person who is, or is acting as, a responsible officer of the body corporate is a disqualified person?	No	Yes
Has a receiver, or a receiver and manager, of the company ever been appointed?	No	Yes
Has the company been placed under official management?	No	Yes
Has a provisional liquidator of the company been appointed?	No	Yes
Is the company being wound up?	No	Yes