

To: Shelcom Corporate Services  
Tel: (03) 9578 3888 Fax: (03) 9578 3844

✉ PO Box 282, Ormond, Vic 3204  
📧 companies@shelcom.com.au

### INSTRUCTIONS REGARDING SELF-MANAGED SUPERANNUATION FUND

From: Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Signature: \_\_\_\_\_ Email: \_\_\_\_\_

The services provided by, and all orders placed with, Shelcom Corporate Services Australia Pty Ltd ("Shelcom") are subject to Shelcom's Terms and Conditions of Trade which are available on written request or may be viewed at [www.shelcom.com.au/trading-terms](http://www.shelcom.com.au/trading-terms). By using Shelcom's services and or by placing an order with Shelcom, you agree to be bound by Shelcom's Terms.

Company folder preference:  Shelcom Folder  Manilla Spring Transfer File  
Binding of Deeds:  Comb Binding  Heat Seal

Fund Name: \_\_\_\_\_ Superannuation Fund  
Date of Commencement: \_\_\_\_\_

Corporate Trustee:  Yes  No  
Members as Trustees:  Yes  No

#### CORPORATE TRUSTEE

*(Note: All directors must be fund members and all members must be directors of a trustee company)*

Company Trustee Name: \_\_\_\_\_  
A.C.N. of Trustee: \_\_\_\_\_  
Registered Office: \_\_\_\_\_  
Director's Full Name(s): \_\_\_\_\_

ADDITIONAL TRUSTEE  
(Required if setting up a single member fund)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

#### IF MEMBER TRUSTEES

All members must be trustees of the Fund. In the case of a single member fund, the trustees may be the member and another person or a company (including a single director/shareholder company). Note that employers and certain others are prevented from being trustees. Please contact us if you need further advice.

#### MEMBERS:

**(Please provide full names, addresses and dates of birth below.)**

1. Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Occupation: \_\_\_\_\_  
Tax File No: \_\_\_\_\_

2. Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Occupation: \_\_\_\_\_  
Tax File No: \_\_\_\_\_

3. Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Occupation: \_\_\_\_\_  
Tax File No: \_\_\_\_\_

4. Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Occupation: \_\_\_\_\_  
Tax File No: \_\_\_\_\_

**PAYMENT DETAILS:**

**Credit Card:**

Visa  Mastercard  Bankcard  AMEX  Diners

Card Number:

Card Holder: \_\_\_\_\_

Expiry Date   /   Card Holders Signature \_\_\_\_\_

**Direct Debit:**

BSB: 063 303

Account No: 1004 9522

Please quote Invoice No. or company name as reference.