

To: Shelcom Corporate Services
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INSTRUCTIONS REGARDING SELF-MANAGED SUPERANNUATION FUND

From: Name: _____
Company: _____
Address: _____
Phone No: _____ Fax No: _____
Signature: _____ Email: _____

Please supply me/us with your Superannuation Fund establishment service. I understand that by giving this instruction, I/we will be responsible for payment of your fees.

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.