

SMSF Establishment Full Service Order Form

What you are required to do to order your SMSF:

1. Complete all relevant fields in BLOCK LETTERS
2. Fax this form to Topdocs at (03) 8256 0108; or email this form to Topdocs at orders@topdocs.com.au

SECTION A (I): PERSON / ADVISOR ORDERING DETAILS

YOUR NAME				Signature	
YOUR COMPANY NAME					
YOUR POSTAL ADDRESS					
DATE OF ORDER		/ /		Your Ref.	
Phone		Fax		Email	

APPLICATION FOR ABN & TFN -

Would you like Topdocs to register the Fund with the Australian Tax Office for an ABN & TFN? **Yes** **No**

An additional Fee of \$99 applies

SECTION A (II): PAYMENT DETAILS

Enclosed is payment for a SMSF Establishment for the sum of \$

Direct Debit* Visa Card Mastercard Cheque

Card Holder Name			
Credit Card Number	-	-	-
Expiry Date	/	Authorised Card Signature	

*To pay by Direct Debit you must have a current Direct Debit agreement with Topdocs.

If you would like to arrange for Direct Debit for future purchases please contact Topdocs on 1300 65 92 42

SECTION B: FUND DETAILS

NAME OF FUND			
Commencement Date Required	/	/	
State of Registration of the SMSF			
Fund Street address			
Fund Postal address, if different			

SECTION C: DETAILS OF INDIVIDUALS ASSOCIATED WITH THE FUND

Individual 1	Full name	Sex (M/F)	
Address			
Tax File Number*	- -	Date of Birth	/ /
Individual Trustee (tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (tick if appropriate)	<input type="checkbox"/>
Member (tick if appropriate)	<input type="checkbox"/>		

Individual 2	Full name	Sex (M/F)	
Address			
Tax File Number*	- -	Date of Birth	/ /
Individual Trustee (tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (tick if appropriate)	<input type="checkbox"/>
Member (tick if appropriate)	<input type="checkbox"/>		

Individual 3	Full name	Sex (M/F)	
Address			
Tax File Number*	- -	Date of Birth	/ /
Individual Trustee (tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (tick if appropriate)	<input type="checkbox"/>
Member (tick if appropriate)	<input type="checkbox"/>		

Individual 4	Full name	Sex (M/F)	
Address			
Tax File Number*	- -	Date of Birth	/ /
Individual Trustee (tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (tick if appropriate)	<input type="checkbox"/>
Member (tick if appropriate)	<input type="checkbox"/>		

Note: Any member that is employed by another member must be a director of the employer (where a company) or a relative of the employer. Persons previously convicted of an offence involving dishonesty are disqualified from being admitted to a SMSF. Severe penalties can be imposed for any breach.

*Providing the Tax File Number (TFN) for each Member of the Fund is *not* compulsory. However after 1 July 2007, if a Member does not provide their TFN to their Fund, they will be taxed at top marginal tax rates on concessional contributions made to the fund, and the fund will not be able to accept non-concessional contributions from the Member.

SECTION D: TRUSTEE INFORMATION WHERE TRUSTEE IS A COMPANY

Name		ACN	- -
Registered Office			
Company Chairman			

Please notify us if the company above does not authorise resolutions by circulating minutes instead of having a directors meeting.