

To: Brett Griffiths  
Vincent's Chartered Accountants

From: \_\_\_\_\_

1. I / We consent to establish a Self Managed Superannuation Fund and agree for Vincent's Chartered accountants to engage a solicitor for the preparation of all necessary documentation and agree on the fee of \$1,100.00 (incl GST).

2. The Superannuation Fund is to be known as the

\_\_\_\_\_ Superannuation Fund  
We strongly recommend that name of the Fund does NOT start with "The"

3. It is my/our intention that the trustees of the Fund are to be

- Individual trustees (note:- all members must be trustees and at least 2 individual trustees are required)  
OR
- Corporate Trustee, the details of which are below:

Company name \_\_\_\_\_  
 ACN \_\_\_\_\_  
 Registered Address \_\_\_\_\_

- We request Vincent's to arrange for the establishment of a new company to act as trustee and agree to the fee of \$1,100 for this.

4. It is my/our intention that the following parties are to be the Trustees and /or Members of this Fund.

Note: The legislation requires all trustees/directors to be members and all members to be trustees/directors, with certain limited exceptions.

**Member 1**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 email \_\_\_\_\_ Phone \_\_\_\_\_  
 D.O.B. \_\_\_\_\_ TFN \_\_\_\_\_  Member of Fund

**Member 2**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_  
 D.O.B. \_\_\_\_\_ TFN \_\_\_\_\_  Member of Fund

**Member 3**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_  
 D.O.B. \_\_\_\_\_ TFN \_\_\_\_\_  Member of Fund

**Member 4**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 email \_\_\_\_\_ Phone \_\_\_\_\_  
 D.O.B. \_\_\_\_\_ TFN \_\_\_\_\_  Member of Fund

**5. The following questions determine eligibility to be a trustee, responsible officer, or a body corporate trustee of a self managed superannuation fund.**

	No	Yes
Are any of the trustees not classified as a resident of Australia	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Has a civil penalty order ever been made in relation to any of the trustees?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the trustees an undischarged bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>
Have any of the trustees been notified that they are a disqualified person by the Regulator (the Tax Office or APRA)?	<input type="checkbox"/>	<input type="checkbox"/>

**The following questions specifically relate where a Corporate trustee is being used**

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?	<input type="checkbox"/>	<input type="checkbox"/>
Has a receiver, or a receiver and manager, of the company been appointed?	<input type="checkbox"/>	<input type="checkbox"/>
Has the company been placed under official management?	<input type="checkbox"/>	<input type="checkbox"/>
Has a provisional liquidator of the company been appointed?	<input type="checkbox"/>	<input type="checkbox"/>
Is the company being wound-up?	<input type="checkbox"/>	<input type="checkbox"/>

*Please be aware that penalties may be imposed by the Tax Office for giving false or misleading information.*

**6. I / We authorise Vincents to apply for an Australian Business Number (ABN) for the new Fund based on the information contained on this form.**

**7. Do you intend on borrowing via this new Fund to acquire an asset?**    
 Should you require more information on this, please contact Brett Griffiths on (07) 3228 4228

Signed: _____	Signed: _____
Name: _____	Name: _____
Signed: _____	Signed: _____
Name: _____	Name: _____

**Please complete, sign and return** this form to Vincents Chartered Accountants  
 Postal address: PO Box 13004 George Street Queensland 4003  
 Email: smsf@vincents.com.au

Upon receipt of this for, Vincents will arrange for the necessary paperwork to be prepared. Please be aware that it will take 28 days to receive the Australian Business Number for the Fund, and this is required transfer any benefits from existing super into your new Self Managed Superannuation Fund.

1300 766 563 [www.vincents.com.au](http://www.vincents.com.au)

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