

APPLICATION FORMS – ESTABLISHMENT ONLY SERVICE

Please Note: If any of the Application Forms are incomplete or contain errors, or any requested additional information is not provided, it may cause delay in the establishment of your Fund.

Fund Name

Preferred Fund Name

Summary of Requirements

Please tick relevant boxes to indicate your requirements

Do you want us to apply for ABN/TFN	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want to appoint smartsuper's preferred auditor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want us to set up a trustee company on your behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want us to set up a Macquarie CMT for the fund?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Accountant or Tax Agent Details (if applicable)

Contact Person

Firm Name

Phone: ()

Email:

Financial Adviser Details (if applicable)

Contact Person

Firm Name

Phone: ()

Email:

Other Instructions

Signed on behalf of the members by the nominated representative of the fund

Date

Please return this sheet, all completed forms and attachments to:

smartsuper Pty Ltd, PO Box 529, North Sydney NSW 2059

Please contact smartsuper if you require further information:

Phone **1300 138 348** to speak to smartsuper Client Services

visit www.smartsuper.com.au

e-mail admin@smartsuper.com.au

fax 1300 138 349

FUND DETAILS

Fund Name

Preferred Fund Name

Trustee Details

Please Note – trustee(s) must be either:

- ✓ A company with all members as Directors; or, (If you do not want a corporate trustee)
- ✓ All members of the fund, except in the case of a single member fund where a second individual must be appointed. This individual can be a relative or anyone else except the member's employer.

Selected Trustee(s):



CORPORATE TRUSTEE



ALL MEMBERS AS TRUSTEES



SINGLE MEMBER FUND

Second Trustee Name (for single member funds without a Corporate Trustee only)

Full Name	Date of Birth / /
Residential Address Postcode	TFN - -
Relationship to member	

Trustee Company Details



I/we would like you to establish a **NEW** corporate trustee company – suggested name is as follows (separate fees apply)

Corporate Trustee Name	ABN/ACN - - -
Registered Office Address Postcode	TFN - -



I/we have an existing company which I would like to use - details are as follows:

Corporate Trustee Name	ABN/ACN - - -
Registered Office Address Postcode	TFN - -

Trustee Company Secretarial Matters

(Director/shareholder/address changes)



The accounting firm as detailed above is to look after the company secretarial needs



I/we will look after our own company secretarial needs



I/we would like the following person to look after or continue to look after our company secretarial needs

Name
Firm Name (if applicable)
Phone No.

Fund Bank Account



I/we would like you to establish a bank account with Macquarie Cash Management Trust in the name of the fund (Product Disclosure Document to be arranged and sent for approval)



I/we do not require the establishment of a bank account

MEMBER DETAILS

Member 1 Details

Title Full Name		Preferred Greeting
Home Address		Contact Details: Phone Number (W) () Phone Number (H) () Mobile Email Fax ()
Postcode		
Postal Address (if different)		
Postcode		
Personal Tax File Number - -	Date of Birth / /	
Place of birth (if require trustee company)		
Town & state		Country (if not Australia)

Member 2 Details

Title Full Name		Preferred Greeting
Home Address		Contact Details: Phone Number (W) () Phone Number (H) () Mobile Email Fax ()
Postcode		
Postal Address (if different)		
Postcode		
Personal Tax File Number - -	Date of Birth / /	
Place of birth (if require trustee company)		
Town & state		Country (if not Australia)

Member 3 Details

Title Full Name		Preferred Greeting
Home Address		Contact Details: Phone Number (W) () Phone Number (H) () Mobile Email Fax ()
Postcode		
Postal Address (if different)		
Postcode		
Personal Tax File Number - -	Date of Birth / /	
Place of birth (if require trustee company)		
Town & state		Country (if not Australia)

Member 4 Details

Title	Full Name	Preferred Greeting
Home Address	Postcode	Contact Details: Phone Number (W) () Phone Number (H) () Mobile Email Fax ()
Postal Address (if different)	Postcode	
Personal Tax File Number - -	Date of Birth / /	
Place of birth (if require trustee company) Town & state Country (if not Australia)		

Declarations, acknowledgements and undertakings

1. All the individuals noted above apply to become member(s) of the Fund.
2. All the individuals noted above declare that all information on this application form is true and correct.
3. All the individuals noted above agree to be bound by the trust deed governing the Fund as amended from time to time.

Trustee or director of a company acting as trustee - declarations

All the individuals noted above confirm that:

1. All the individuals noted above are Australian residents;
2. All the individuals noted above have never been subject to a civil penalty order under Superannuation Law;
3. All the individuals noted above are not insolvent under administration (eg. an undischarged bankrupt); and
4. All the individuals noted above have never been notified by either of the regulators (ATO or APRA) that they are a disqualified person.

Establishment Fee agreement

1. I acknowledge and agree to the payments of the establishment fees as noted in the fees section of this application form

Please invoice me directly	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please debit the account noted below for the establishment fees	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Note: All amounts must either be paid by direct debit, or the application form must be accompanied by a cheque for the establishment fees.

Authorisation by applicant

Signature

Date

Financial Institution where account is held

Institution Name and Branch	BSB
Address Postcode	Account number

Authorisation

I/We request that smartsuper Pty Ltd (User ID 188482) arrange for the payment of amounts due to them to be debited from my/our nominated account at the financial institution shown above according to the schedule as detailed on the fees page.

Signature of Trustee / Director 1	Date
Signature of Trustee / Director 2	Date

Direct Debit Customer Service Agreement

OUR COMMITMENT TO YOU

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between smartsuper Pty Ltd and you. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

INITIAL TERMS OF THE ARRANGEMENT

In terms of the Direct Debit Request arrangements made between us and signed by you, we undertake to debit your nominated account for the agreed amount for fund establishment fees.

DRAWING ARRANGEMENTS

- The drawing under this Direct Debit arrangement will occur as per our signed agreement

YOUR RIGHTS

Changes to the arrangement

If you want to make changes to the drawing arrangements, contact smartsuper Client Services on 1300 138 348.

Enquiries

Direct all enquiries to us rather than to your financial institution. All communication addressed to us should include your superannuation fund name and account number.

All personal customer information held by us will be kept confidential except that information provided to our financial institution to initiate the drawing to your nominated account.

Disputes

All transaction disputes, queries, and claims should be raised directly with us. We will provide a verbal or written response within 20 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account.

YOUR COMMITMENT TO US

It is your responsibility to ensure that:

- Your nominated account can accept direct debits (your financial institution can confirm this); and
- That on the drawing date there are sufficient cleared funds in the nominated account; and
- That you advise us if the nominated account is transferred or closed.

We may charge you a dishonour fee for drawings that are returned unpaid by your financial institution. Where drawings are returned unpaid we will arrange with you an alternate payment method.

Establishment Fees

Complying Deed	\$660
Establishment of Fund	\$660
Total Establishment fee	<u>\$1,320</u>
Completing Rollovers	\$165.00 per hour
Set up Corporate Trustee Company	\$1,150

Please note - all fees are inclusive of GST