



APPLICATION FORM

1. Details of Primary Contact

Full Name: _____

Address: _____

Primary Contact Number: _____

Secondary Contact Number: _____

Fax (if applicable): _____

Email address: _____

2. New Fund Details

Superannuation Fund Name

Individual Trustee
(For two to four members)

Corporate Trustee
(For one to four members)

If corporate trustee: Has any director ever been identified as a "disqualified person" for the purposes of the SIS Act 1993? Yes No

If yes, please state the name of the director and the details of the disqualification.

Corporate Trustee Details

Corporate Trustee Preferred Name

Second Choice Corporate Trustee Preferred Name

3. Existing Fund Details

Superannuation Fund Name

Individual Trustee

Corporate Trustee

Corporate Trustee Name

Fund Start Date

Fund TFN

Fund ABN

Company registered address

Company ACN

4. I am interested in the following services

Establishing a SMSF

Establishing a Pension

Name of person/s commencing pension

Tax Return and Audit only

Once completed, please return this form to:
Premier Superannuation Services, Level 7, 146 Arthur Street, NORTH SYDNEY NSW

Full Custodial Service with Tax Return and Audit

Accumulation phase

Pension phase

Name of person/s in pension

Is the person in pension registered for PAYG? Yes No

4. Accountant Details

Accountant's Name: _____

Address: _____

Primary Contact Number: _____

Fax (if applicable): _____

Email address: _____

5. Financial Planner Details

Financial Planner Name: _____

Address: _____

Primary Contact Number: _____

Fax (if applicable): _____

Email address: _____

Advisor Number and AFSL: _____

Member Details

Member 1

Title

Full Name

Gender: Male

Female

Place of Birth (city, state, country) <only applicable for corporate trustees>

Tax File Number

Date of Birth

Residential Address

Postal address (if different from above)

Home Phone

Work Phone

Fax

Mobile

Email

Funds to be rolled over to the SMSF

Roll Over 1: Institution Name: _____

Contact Number: _____

Amount to be rolled over: _____

Roll Over 2: Institution Name: _____

Contact Number: _____

Amount to be rolled over: _____

Once completed, please return this form to:
Premier Superannuation Services, Level 7, 146 Arthur Street, NORTH SYDNEY NSW

Member 2

Title

Full Name

Gender: Male

Female

Place of Birth (city, state, country) <only applicable for corporate trustees>

Tax File Number

Date of Birth

Residential Address

Postal address (if different from above)

Home Phone

Work Phone

Fax

Mobile

Email

Funds to be rolled over to the SMSF

Roll Over 1:

Institution Name:

Contact Number:

Amount to be rolled over:

Roll Over 2:

Institution Name:

Contact Number:

Amount to be rolled over:

Once completed, please return this form to:
Premier Superannuation Services, Level 7, 146 Arthur Street, NORTH SYDNEY NSW

Member 3

Title

Full Name

Gender:

Male

Female

Place of Birth (city, state, country) <only applicable for corporate trustees>

Tax File Number

Date of Birth

Residential Address

Postal address (if different from above)

Home Phone

Work Phone

Fax

Mobile

Email

Funds to be rolled over to the SMSF

Roll Over 1:

Institution Name:

Contact Number:

Amount to be rolled over:

Roll Over 2:

Institution Name:

Contact Number:

Amount to be rolled over:

Once completed, please return this form to:
Premier Superannuation Services, Level 7, 146 Arthur Street, NORTH SYDNEY NSW

Member 4

Title

Full Name

Gender:

Male

Female

Place of Birth (city, state, country) <only applicable for corporate trustees>

Tax File Number

Date of Birth

Residential Address

Postal address (if different from above)

Home Phone

Work Phone

Fax

Mobile

Email

Funds to be rolled over to the SMSF

Roll Over 1:

Institution Name:

Contact Number:

Amount to be rolled over:

Roll Over 2:

Institution Name:

Contact Number:

Amount to be rolled over:

Once completed, please return this form to:
Premier Superannuation Services, Level 7, 146 Arthur Street, NORTH SYDNEY NSW

Authorisation for Establishment of Self Managed Superannuation Fund

I/we hereby authorise Premier Superannuation Services Pty Limited to establish a Self Managed Superannuation Fund (SMSF) on my/our behalf in accordance with the details supplied on the SMSF Start Up Information Form.

I/we understand that this fund will not commence until I/we have ticked and signed this authorisation and completed the SMSF Start Up Information Form.

I/We understand that the cost to set up the fund with individual trustees is \$990 (including GST) and with a corporate trustee is \$1 650 (including GST).

I/We understand that should we choose individual trustees as opposed to a corporate trustee, that there may be additional costs in the event of future changes to trustee details.

I/we also understand that no other services will be undertaken by Premier Superannuation Services Pty Limited unless a separately signed engagement letter is provided in order to authorise them.

- Corporate Trustee
- Individual Trustee

Signature

Print Name

Date ___/___/___