

# FIDUCIAN SMSF SERVICE



## Existing Fund Application Form

Return completed form to Fiducian SMSF Service GPO Box 3929 Sydney NSW 2001

PLEASE COMPLETE IN BLOCK LETTERS WITH BLACK INK FOR ELECTRONIC PROCESSING

### Fund Details

Fund Name	<input type="text"/>		
Commencement Date	<input type="text"/>	TFN	<input type="text"/>
ABN	<input type="text"/>	and/or SFN	<input type="text"/>
Registered for GST	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

### Trustee Details

Select Trustee  Corporate Trustee (Complete section A & B)  Individual Trustee (Complete section B)

### Previous Administrator Details

Administrator Contact Name	<input type="text"/>		
Company	<input type="text"/>		
Address	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		



## Section A: Corporate Trustee

Full Company Name	<input type="text"/>		
Registered Office Address	<input type="text"/>		
Principal Place of Business	<input type="text"/>		
ACN	<input type="text"/>	Special Purpose Company?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the Company have a Seal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Company Chairman	<input type="text"/>		
Company Secretary & Public Officer	<input type="text"/>		

## Section B: Trustee/Fund Member

### Member/Trustee 1

(Primary contact & founding Member)

Title	<input type="text"/>	Full Name	<input type="text"/>	
Occupation	<input type="text"/>	Email	<input type="text"/>	
Date of Birth	<input type="text"/>	Place of Birth	<input type="text"/>	
Residential Address	<input type="text"/>			
Phone/Mobile	<input type="text"/>	Fax	<input type="text"/>	
TFN	<input type="text"/>	Are you a disqualified person as defined in SISA s120 or point 2D.6 of the Corporations Act?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employee of another Member?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please complete i & ii below		
i) Name of related Member	<input type="text"/>	ii) Type of relationship	<input type="text"/>	
Death Benefit Beneficiary (Include full name & percentage)	<input type="text"/>			
Death Benefit Nomination Type	<input type="checkbox"/> Non-binding	<input type="checkbox"/> Binding & does not expire		



**Member/Trustee 2**

Title  Full Name

Occupation

Date of Birth  Place of Birth

Residential Address

Phone/Mobile  Fax

TFN  Are you a disqualified person as defined in SISA s120 or point 2D.6 of the Corporations Act?  No  Yes

Employee of another Member?  No  Yes, please complete i & ii below

i) Name of related Member  ii) Type of relationship

Death Benefit Beneficiary (Include full name & percentage)

Death Benefit Nomination Type  Non-binding  Binding & does not expire

**Member/Trustee 3**

Title  Full Name

Occupation

Date of Birth  Place of Birth

Residential Address

Phone/Mobile  Fax

TFN  Are you a disqualified person as defined in SISA s120 or point 2D.6 of the Corporations Act?  No  Yes

Employee of another Member?  No  Yes, please complete i & ii below

i) Name of related Member  ii) Type of relationship

Death Benefit Beneficiary (Include full name & percentage)

Death Benefit Nomination Type  Non-binding  Binding & does not expire



#### Member/Trustee 4

Title	<input type="text"/>	Full Name	<input type="text"/>		
Occupation	<input type="text"/>				
Date of Birth	<input type="text"/>	Place of Birth	<input type="text"/>		
Residential Address	<input type="text"/>				
Phone/Mobile	<input type="text"/>	Fax	<input type="text"/>		
TFN	<input type="text"/>	Are you a disqualified person as defined in SISA s120 or point 2D.6 of the Corporations Act?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Employee of another Member?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please complete i & ii below			
i) Name of related Member	<input type="text"/>	ii) Type of relationship	<input type="text"/>		
Death Benefit Beneficiary (Include full name & percentage)	<input type="text"/>				
Death Benefit Nomination Type	<input type="checkbox"/> Non-binding	<input type="checkbox"/> Binding & does not expire			

#### Single Member Fund

If the Fund has only one Member and the Trustee is NOT a single Director Company, there must be one other individual Trustee or Director of the Company, who is not an employee of the Member unless a relative. Please provide details of the other individual Trustee/Director below.

#### Non-Member Trustee

Title	<input type="text"/>	Full Name	<input type="text"/>		
Occupation	<input type="text"/>				
Date of Birth	<input type="text"/>	Place of Birth	<input type="text"/>		
Residential Address	<input type="text"/>				
Phone/Mobile	<input type="text"/>	Fax	<input type="text"/>		
TFN	<input type="text"/>	Are you a disqualified person as defined in SISA s120 or point 2D.6 of the Corporations Act?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Employee of the Member?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please complete i below			
i) Are you related to the Member?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, type of relationship	<input type="text"/>		
Death Benefit Beneficiary (Include full name & percentage)	<input type="text"/>				
Death Benefit Nomination Type	<input type="checkbox"/> Non-binding	<input type="checkbox"/> Binding & does not expire			



## Fund Minutes

Please provide details of the Fund's establishment minutes:

Date of meeting

Address

Did a Trustee of the Fund not attend this meeting?

No

Yes, who?

## Other Information

On the day we are appointed administrators of the Fund we will prepare financial statements, annual returns and Fund reporting. In addition we can arrange for the preparation of the Funds prior year annual return. This is an additional service and will be charged separately.

Do you require Fiducian SMSF Service to complete prior year annual reporting?

No

Yes

If yes, specify prior year end

Is the Fund currently paying a Pension to any Members?

No

Yes

If yes, please provide details of the Members receiving a Pension and the type of being paid?


**IMPORTANT:** Please attach copies of the initial minutes for each Pension being paid.





## Fund Investment Strategy

Every Superannuation Fund is required to have an Investment Strategy. As part of our services we will prepare the initial Investment Strategy documentation based on the information you provide below. Details of the Investment Strategy can be amended at any time.

The relevant circumstances of the Superannuation Fund will be:

Number of Members	<input type="text"/>
Duration of Investment time horizon of Members – including shortest and longest	<input type="text"/>
Initial balance (including any contributions and rollovers)	<input type="text"/>
Expected contribution and contribution period (i.e. monthly) (net of taxes and fees)	\$ <input type="text"/> Period: <input type="text"/>
Expected form in which benefits are to be taken	<input type="text"/>
Nature of Investments (defined benefit or accumulation)	<input type="text"/>
Members risk profile (please fill out below each member's risk profile)	
Member 1	<input type="text"/>
Member 2	<input type="text"/>
Member 3	<input type="text"/>
Member 4	<input type="text"/>
Cash requirements of the Fund to meet regular/anticipated expenses (i.e.- administration and insurance)	\$ <input type="text"/> or <input type="text"/> %
Number of members in pension phase (if any)	<input type="text"/>

**Investment Objective** Exceed inflation by  % before taxes and expenses.

**Measurement Term** Rolling  year periods.



## Asset Allocation

ASSET	RANGE (%)	TARGET (%)
Cash	<input type="text"/>	<input type="text"/>
Fixed Interest	<input type="text"/>	<input type="text"/>
Mortgages	<input type="text"/>	<input type="text"/>
Listed Property Units	<input type="text"/>	<input type="text"/>
International Share Funds	<input type="text"/>	<input type="text"/>
Direct International Shares	<input type="text"/>	<input type="text"/>
Listed Australian Share Funds	<input type="text"/>	<input type="text"/>
Direct Australian Shares	<input type="text"/>	<input type="text"/>
Direct Property	<input type="text"/>	<input type="text"/>
Hedge Funds	<input type="text"/>	<input type="text"/>
Collectibles	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>



## Bank Account

Fiducian SMSF Service uses the following Bank accounts as part of its offering.

Please select from the following options:

- Please arrange to open a Macquarie CMA (refer website: [www.macquarie.com.au](http://www.macquarie.com.au)).
- Please arrange to open a BWA CMT (refer website: [www.bwami.com.au](http://www.bwami.com.au)).
- The fund has an existing CMA/CMT account with Macquarie/BWA (please complete details below).

### Bank Account Details

Account Name	<input type="text"/>		
Bank	<input type="text"/>		
BSB No:	<input type="text"/>	Account No:	<input type="text"/>

For your Bank account operating procedures, please confirm your nominated authorised persons.

- Any one of the Trustees       Any two of the Trustees       Other (please specify):

**Note:** This election will apply to the Bank account we establish on behalf of the Fund. For general operating procedures we will accept directions provided by your Adviser and signed by any Trustee/Director of the Fund, unless the form specifically requests all Trustees.

### Other Authorised Persons (in addition to Trustee or Director of Trustee)

Title	<input type="text"/>	Full Name	<input type="text"/>	
Address	<input type="text"/>			
Phone	<input type="text"/>	Fax	<input type="text"/>	
Mobile	<input type="text"/>	Email	<input type="text"/>	
Signature	<input type="text"/>			



## Fund Auditor

Each year a qualified Auditor must be appointed to review the Funds accounts. We can arrange for an independent Auditor to audit the Fund (where you do not nominate one).

Please arrange for an independent Auditor

Please use the details in the nominated Auditor section provided below

## Nominated Auditor

Title	<input type="text"/>	Full Name	<input type="text"/>
Company	<input type="text"/>		
Address	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
Mobile	<input type="text"/>	Email	<input type="text"/>

## Adviser Details

Title	<input type="text"/>	Full Name	<input type="text"/>
Company	<input type="text"/>		
Dealer Group	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

## Checklist

Please provide COPIES of all documentation below with this application form.

- |  |  |
|--|--|
| <input type="checkbox"/> Trust Deed <i>(plus any amendments)</i>   | <input type="checkbox"/> Current Investment Strategy   |
| <input type="checkbox"/> Consent & Declaration to act as Trustee   | <input type="checkbox"/> Minutes   |
| <input type="checkbox"/> Prior Year Financial Statements   | <input type="checkbox"/> Prior Year Tax & Regulatory Return, Audit Report  |
| <input type="checkbox"/> Member Benefit Statements   | <input type="checkbox"/> Holding Statements for all assets at 30 June<br><i>(for change of Address notification)</i>   |
| <input type="checkbox"/> Any Pension documents if applicable<br><i>eg. RBL; Actuarial Certificate; Deductible Amounts</i>          | <input type="checkbox"/> Any Roll-Over Notification  |
| <input type="checkbox"/> Capital Gains Register of all fund assets<br><i>eg. Date of purchase, amount paid, quantity purchased</i> | <input type="checkbox"/> Supporting documents for all fund transactions for current financial year to date of transfer<br><i>eg. Bank statements, dividend statement, contract notes</i> |



## Establishment Payment Details

Attached a cheque, payable to Fiducian SMSF Service for \$  or

The establishment costs have been paid by EFT to

BSB: 032-000

Account Number: 623968

Account Name: Fiducian SMSF Service

Reference: SMSF (SMSF name):

Please deduct an amount of \$  from my credit card\*

\* Note: A surcharge of 1.5% applies to the value of the transaction for Visa and Mastercard payments and 3.0% for AMEX payments.

Card Number:

Name on Card:

Expiry Date:

Card holder's signature:





### Declaration (To be completed by primary founding Member)

I acknowledge Fiducian SMSF Service is provided by Fiducian Portfolio Services Limited (Fiducian) and either name can be used within this document. I declare:

1. The information provided in this application form is accurate and collected to the best of my ability;
2. I have the Authority to sign this application and do so with the understanding Fiducian is required to rely on any consents provided as being valid and may consider them as written.
3. Fiducian is to be appointed on the date below as the Administrator of the Fund. In doing so they are authorised to appoint the Tax Agent of the Fund at that time;
4. The Funds Financial Adviser, Fiducian, the nominated Tax Agent, Auditor or Actuary (as applicable) and any other Authorised Person can disclose personal information, documents and other records to each other regarding the interests of any Trustee/Director so Fiducian may administer the Fund. I also understand this may be by phone, facsimile, internet or other electronic means;
5. Fiducian is authorised to deduct and pay from the Fund's Cash/Bank account its agreed fees as per the applicable Fiducian SMSF Service Fee Schedule. In addition Fiducian is authorised to deduct any Tax payments or any other fee, detailed in the schedule (or amended as noted in point 7 below) as it relates to the ongoing management and administration of the Fund. We understand the fees may be varied from time to time by Fiducian providing at least 30 days written notice to the Trustee;
6. Fiducian has authority to arrange and lodge as necessary any documentation required to establish the named Fund.
7. Any fees in relation to any services provided to the Trustee are done so on the basis that they are paid within 10 working days from the date of the issued invoice. Where fees are not paid, Fiducian may cease providing administration services to the Fund and any associated costs will be borne by the Trustees.

Name:

Signature:

Date