

FIDUCIAN SMSF SERVICE



New 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

Commencement Date

Register for GST? No Yes

Trustee Details

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

Section A: Corporate Trustee

Please tick this box if you would like us to facilitate the incorporation of a Trustee Company on your behalf*.

Note: All Directors of a Company acting as Trustee MUST be Members of the Fund UNLESS the Fund is a single Member Fund (please refer to the single Member Fund section where we have outlined more detail).

Full Company Name
(actual or preferred)

Full Company Name
(2nd preference, if applicable)

Registered Office Address

Note: You will need to have written consent from the occupier of these premises stating consent to act as the registered address on behalf of the Fund. Please ensure a copy is attached to this application form.

Principal Place of Business

ABN/ACN if already established Special Purpose Company No Yes

***Note:** To form the Company we assume each Director will have one vote and the same class of share. We also assume the Company will be used for the purpose of being an SMSF Trustee, a Special Purpose Company. The Company will not be formed having a Company Secretary or Public Officer and a Company Seal will not be issued.



Section B: Trustees/Fund Members

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	<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		



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 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



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			

Initial Meeting

Please fill out the information below so we can prepare establishment minutes for the Fund's Trust Deed and Investment Strategy.

Date of meeting	<input type="text"/>	Time	<input type="text"/>
Address	<input type="text"/>		
Did a Trustee of the Fund <u>not</u> attend this meeting?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, who?	<input type="text"/>



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 SMSF offering.

Please select from the following options:

Please arrange to open a Macquarie CMA (refer website: www.macquarie.com.au).

Please arrange to open a BWA CMT (refer website: www.bwami.com.au).

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):

Other Persons (in addition to a 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"/>		

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 requires all Trustees.

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"/>		

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:	<input type="text"/>	Name on Card:	<input type="text"/>
Expiry Date:	<input type="text"/>	Card holder's signature:	<input type="text"/>



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 that 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