



The Incorporation People

A division of Corporate Representatives
Pty Limited ABN 85 000 540 741

Suite 212, 20 Dale Street
Brookvale NSW 2100

Ph: 02 9939 2585
STD: 1800 451 804
Fax: 02 9939 2612

www.corpreps.com.au
jandrews@corpreps.com.au

Establishment of a Self Managed Superannuation Fund (SMSF)

Thank you for your enquiry concerning the establishment of a Self Managed Superannuation Fund

We are able to establish a Self Managed Superannuation Fund to comply with the Superannuation Industry (Supervision) Act 1993.

The SMSF must have 4 or less members and may have a corporate trustee or individual trustees. For a fund with 2 to 4 members each member of the fund must be either an individual trustee or a director of a corporate trustee and each director of a corporate trustee must be a member of the fund. Regulations apply to single member funds and we can discuss these regulations with you prior to establishment of the fund.

Our Superannuation Trust Deed has been drafted by our legal advisers to ensure that it complies with the provisions of the Act & SIS Regulations. It is a requirement that all superannuation trust deeds be issued by a legal practitioner and therefore any trust deed requested would be issued after approval by our legal advisers.

Our service includes four copies of the Superannuation Trust Deed, one of which is supplied in our presentation folder for easy reference purposes, together with all required minutes of the trustees, applications for membership and other required notices. Additional draft minutes are provided to cater for the admission to the fund of new members, and appointment of an approved or registered auditor.

The cost of our legal advisers' involvement would, unless specific amendments to our standard trust deed are required, be included in our all inclusive price of **\$253** Emailed as a PDF or **\$297** with Presentation folder (incl. GST).

Payment may be made by cheque (approved account clients only) or by MasterCard or Visa card or by Direct Deposit to our bank account. **Please advise payment details with your order.**

To proceed with the formation of the SMSF, the enclosed Superannuation Fund Order Form should be completed giving the required information to enable us to prepare the relevant documentation.

**Please telephone on (02) 9939 2585
if you wish to discuss any aspect of the establishment of the Trust**



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SUPERANNUATION FUND ORDER FORM

Self Managed Superannuation Fund

MODEL Electronic Presentation folder

Fund Name _____

TRUSTEE (if company)

Full Name: _____ A.C.N.: _____

Registered Address: _____

_____ Postcode: _____

Directors of Trustee Company / Individual Trustees / Members

1. Director Individual Trustee Member

Full Name: _____

Address: _____

_____ Postcode: _____

Date of Birth: _____ Place of Birth: (City/Country): _____

2. Director Individual Trustee Member

Full Name: _____

Address: _____

_____ Postcode: _____

Date of Birth: _____ Place of Birth: (City/Country): _____

3. Director Individual Trustee Member

Full Name: _____

Address: _____

_____ Postcode: _____

Date of Birth: _____ Place of Birth: (City/Country): _____

4. Director Individual Trustee Member

Full Name: _____

Address: _____

Postcode: _____

Date of Birth: _____ Place of Birth: (City/Country): _____

AUDITOR Please indicate whether **Registered** or **Approved** under "SIS" Regulations.

Name: _____
 (Name) (Firm Name)

Address: _____ Postcode: _____

Details of the person who may be contacted by the Tax Office concerning the Fund

Name: _____
 (Name) (Firm Name)

Address: _____ Postcode: _____

Phone: _____ Fax : _____

ORDERED BY	PAYMENT DETAILS
Company name	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa Number Expiry date Name <input type="checkbox"/> Direct deposit <i>(Account details below. Please fax confirmation)</i> CorpReps BSB 062287 A/c No. 10282947 Commonwealth Bank, Brookvale, NSW <input type="checkbox"/> Bank cheque <input type="checkbox"/> Cash <input type="checkbox"/> Approved Client: A/c No.:
Contact name	
Address	
Phone	
Fax	
DELIVERY DETAILS	Please note: <i>The person placing the order is responsible for payment of the account</i>
Personal collection <input type="checkbox"/> Courier <input type="checkbox"/>	