



**The Incorporation People**

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

Suite 4301, 4 Daydream Street  
Warriewood NSW 2102

**Ph: 02 9999 3000**  
Fax: 02 9999 0519

**[www.corpreps.com.au](http://www.corpreps.com.au)**  
[jandrews@corpreps.com.au](mailto: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) 9999 3000  
if you wish to discuss any aspect of the establishment of the Trust**



**The Incorporation People**

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

Suite 4301, 4 Daydream Street  
Warriewood NSW 2102

Ph: 02 9999 3000  
Fax: 02 9999 0519

[www.corpreps.com.au](http://www.corpreps.com.au)  
[jandrews@corpreps.com.au](mailto:jandrews@corpreps.com.au)

## 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): \_\_\_\_\_

