

## SMSF ESTABLISHMENT INSTRUCTIONS

### 1. TRUSTEE DETAILS

Please provide full name, address, date of birth and occupation of individuals, or, full name, address, date of birth and occupation of directors of the Company plus the registered company name, ACN and registered office of the company:

Director / Trustee No. 1

Director / Trustee No. 2

Company Name , ACN, Registered Office

### 2. MEMBER DETAILS

Please provide full name, address, date of birth and occupation of the Members of the Fund.

Member No.1

Member No.2

### 3. FUND NAME

#### OTHER COMMENTS / NOTES

#### COST

\$330 including GST **PLUS:** PDF version only                   :\$10 plus GST disbursements

Bound copy and posted :\$25 plus GST disbursements

#### YOUR CONTACT DETAILS

(name, address, number, email)

### NEW TRUSTEE ESTABLISHMENT

If the Trustee Company is a new Company, yet to be established, please tick the following box and fill in the appropriate Company Instruction form and send to us.

### **BINDING / NON BINDING NOMINATIONS**                   (\$75 plus GST per nomination)

If you would like us to prepare binding / non-binding nominations for the Members of the Fund please tick here and provide the following information on the next page.

If you tick payment to your Executor, your funds will be paid to your executor and be dispersed via your Will, it follows that you should ensure your Will is up to date.

Binding makes the nomination binding upon the Trustee of the Fund, non-binding gives a direction to the trustee, but allows scope for the trustee to alter the payment. This may be useful if superannuation laws change and the trustee may have a more tax effective way to distribute the funds to achieve the nominated beneficiary.

**NOMINATION FORMS**

Member Name:

Binding                      Non-Binding

**NOMINATIONS**

Executor                      Yes

**OR**

Husband / Wife then to the Children Equally                      Yes

**OR**

<b>BENEFICIARY NAME</b>	<b>PROPORTION</b>	<b>RELATIONSHIP TO MEMBER</b>
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Total: 100%

In the event of death of the above beneficiary or they are unable to receive the benefit from the fund then

<b>BENEFICIARY NAME</b>	<b>PROPORTION</b>	<b>RELATIONSHIP TO MEMBER</b>
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Total: 100%

**OTHER COMMENTS / NOTES**

**NOMINATION FORMS**

Member Name:

Binding                      Non-Binding

**NOMINATIONS**

Executor                      Yes

**OR**

Husband / Wife then to the Children Equally                      Yes

**OR**

<b>BENEFICIARY NAME</b>	<b>PROPORTION</b>	<b>RELATIONSHIP TO MEMBER</b>
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Total: 100%

In the event of death of the above beneficiary or they are unable to receive the benefit from the fund then

<b>BENEFICIARY NAME</b>	<b>PROPORTION</b>	<b>RELATIONSHIP TO MEMBER</b>
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Total: 100%

**OTHER COMMENTS / NOTES**

