

Parkhall Shelf Companies Pty Ltd

A.B.N. 51 132 745 656
200 COMMERCIAL ROAD
PRAHRAN, VIC, 3181
TELEPHONE (03) 9824 0911
FACSIMILE (03) 9923 9400
EMAIL: bernie@taxaffair.com.au

SELF MANAGED SUPERANNUATION FUND ORDER FORM

Proposed Fund Name		
Registered Office Street address		
Suburb / City	State	Postcode
Principal place of business Street address		
Suburb / City	State	Postcode
Date of Execution of Deed / / 20	Date of Commencement of Fund / / 20	

COMPANY TRUSTEE DETAILS

Company name	ACN	
Street address		
Suburb / City	State	Postcode
The Trustee must consist of all members of the Fund or where a company is the Trustee all members and only members must be directors of the company. Complete this section if a company is the Trustee.		

INITIAL MEMBERS

Surname		
Given Names		
Street address		
Suburb / City	State	Postcode
Sex	Date of Birth / / 19	Marital Status
Date of commencement of eligible service period / /		
Where the member is an employee of a proposed contributing employer to the fund, the date is the date of his commencement of employment with that employer. Where the member is self employed, the date will be the date of joining the fund.		

SELF MANAGED SUPERANNUATION FUND ORDER FORM (Continued)

INITIAL MEMBERS (Continued)

Surname		
Given Names		
Street address		
Suburb / City		State
		Postcode
Sex	Date of Birth / / 19	Marital Status
Date of commencement of eligible service period / /		
Where the member is an employee of a proposed contributing employer to the fund, the date is the date of his commencement of employment with that employer. Where the member is self employed, the date will be the date of joining the fund.		

INITIAL MEMBERS

Surname		
Given Names		
Street address		
Suburb / City		State
		Postcode
Sex	Date of Birth / / 19	Marital Status
Date of commencement of eligible service period / /		
Where the member is an employee of a proposed contributing employer to the fund, the date is the date of his commencement of employment with that employer. Where the member is self employed, the date will be the date of joining the fund.		

INITIAL MEMBERS

Surname		
Given Names		
Street address		
Suburb / City		State
		Postcode
Sex	Date of Birth / / 19	Marital Status
Date of commencement of eligible service period / /		
Where the member is an employee of a proposed contributing employer to the fund, the date is the date of his commencement of employment with that employer. Where the member is self employed, the date will be the date of joining the fund.		