



APPLICATION FORM FOR NEW SELF MANAGED SUPERANNUATION FUND

1. **Instructions from:**

2. **Contact Numbers:**

3. **Name of Fund:**

4. **Trustee** (if the trustees are individuals then the Fund's primary purpose must be the payment of pensions):

Name:

.....

Address:

.....

.....

Go to question 6

5. **If the Trustee is a company:**

Name:

ACN:

Directors:

.....

Incorporation Date:

Go to question 6

6. **Members of the Superannuation Fund:**

Name:

Address:

Occupation:

Date of Birth:

Tax File Number:



Name:

Address:

Occupation:

Date of Birth:

Tax File Number:

Name:

Address:

Occupation:

Date of Birth:

Tax File Number:

Name:

Address:

Occupation:

Date of Birth:

Tax File Number:

7. Will there be a sale of business real property from the above Members to the Fund? If so, is the membership to be restricted to those Members to avoid ad valorem stamp duty?

N/A

NO

YES

8. Is there going to be a pension paid from commencement of the Fund? If so to whom?

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9. How did you hear about Argyle Superannuation?

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10. Who is your financial planner:

Name:

Contact Numbers: