

## SUPER FUND ORDER FORM (SMSF)

**APPLICANT DETAILS - NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**NAME OF SUPER FUND** \_\_\_\_\_

### TRUSTEES (Individuals) - If applicable

FULL LEGAL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

FULL LEGAL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

**OR**

### TRUSTEE (Corporate Trustee) - If applicable

COMPANY NAME \_\_\_\_\_

A.C.N. \_\_\_\_\_

DIRECTORS FULL LEGAL NAMES \_\_\_\_\_

REGISTERED OFFICE ADDRESS \_\_\_\_\_

### MEMBER/S

FULL LEGAL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

FULL LEGAL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

### PAYMENT DETAILS

VISA

MASTERCARD

**Amount Due: \$506.00**

(please call our office on 08 8231 6661 if you would prefer to pay by credit card over the phone)

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

Note: Trust Deeds will be prepared by Mellor Olsson (a law firm associated with Shelfcom). I authorise Mellor Olsson to charge my credit card for the Amount Due described above.

#### Or Direct Deposit

Mellor Olsson BSB: 105-900 Account No. 977417640 (quote Trust name as reference & attach proof of payment)