
NEW SMSF SETUP

PROCEDURES

NEW FUND WITH INDIVIDUAL TRUSTEES

- Complete sections: ALL except F and G. Then page 7 plus 8 or 9

OR

NEW FUND WITH NEW COMPANY TRUSTEE

- Complete sections: ALL except F. Then page 7 plus 8 or 9

OR

NEW FUND WITH EXISTING COMPANY TRUSTEE

- Complete sections: ALL except G. Then page 7 plus 8 or 9

PLEASE ENSURE ALL DETAILS ARE CLEAR AND IN BLOCK LETTERS

SUBSEQUENT PROCESS

The Trust Deeds & associates minutes for the establishment of the superannuation fund will be sent to the Trustees or their nominated adviser.

There will also be a range of Super Plus administrative forms for completion/signing

Disclaimer and Trustee Acknowledgement

Super Plus does not engage in legal practice. For the provision of Trust Deeds, Deed Upgrades, Deed of Appointment & Retirement and Company Constitutions, Super Plus only acts as a facilitator for the purpose of sourcing these documents as produced by a qualified legal practitioner on behalf of the SMSF Trustee. Super Plus only provides this service and the Trustee accept this service and the documents on the basis that Super Plus fully disclaims any liability for the trustees reliance on such documents. Super Plus Australia Pty Ltd is a corporate authorised representative (473474) of Super Plus Tax Pty Ltd. AFSL No 468112.

When establishing a new SMSF (Self Managed Superannuation Fund) this form must be completed prior to Super Plus proceeding with the preparation/arrangement of any documents.

Super Plus does not provide any recommendation as to whether someone should or shouldn't establish an SMSF or be a member. The service we provide is an execution only service.

Name of proposed SMSF : _____

SECTIONS A & C or B & C MUST BE COMPLETED

Section A: Financial Advice received

Has a financial adviser recommended or been consulted in relation to the SMSF establishment?

Yes No If yes, name of adviser: _____
(Proceed to section C)

If no, it is recommended that an adviser be consulted. Please proceed to Section B.

Section B: No advice received (If applicable) then proceed to section C

We have not received financial advice, but have instead conducted our own research on establishing and running an SMSF.

Some of the information we have considered (Tick all you have read/reviewed):

- ATO – www.ato.gov.au/super ASIC – www.moneySMART.gov.au
 www.smsftrustee.com Completed an ATO SMSF approved education course
 Read Super Plus – Risks & Costs guide Received no advice, nor done any research

Other – Please specify: _____

Section C: Declaration

I/We confirm, Super Plus has not provided any advice or recommendation, for or against us establishing an SMSF. We have sought our own advice and/or performed our own research into the appropriateness of an SMSF and I/we have concluded it is in our own best interests to proceed.

Trustee(s) /Director(s) - all to sign

Print Name Signature Date

Print Name Signature Date

Print Name Signature Date

Print Name Signature Date

SECTION A: SMSF DETAILS

Name of Fund: _____

Select a unique name based around your surname eg. N & M Burgess (Vic) Super Fund

Date of Commencement: _____ / _____ / _____ or leave undated

(the usual commencement date, is the date of signing the trust deed)

Trustee type: Individuals Company

DO YOU INTEND TO USE SUPER PLUS ACCOUNTING & ADMINISTRATION SERVICE?

Yes No

SECTION B: ADVISER/PERSON ORDERING DEED

(Documents, invoice and receipts will be directed C/- this person, unless otherwise stated)

Person Ordering the Deed: _____

Firm Name (if applicable): _____

Postal Address: _____

Phone: _____ Email: _____

SECTION C: BANK ACCOUNT INSTRUCTION

Please select the bank account (1 only) you wish to use as the SMSFs central account:

Macquarie Cash Management Account (CMA)

DDH Graham - Bank of Queensland Money Market Account

Who is to setup account? Adviser Trustee
(client to sign application)

If the adviser is setting up a Macquarie CMA, they should use the on-line application and request from Super Plus our broker code, so it can be included in the third-party section of the Macquarie form.

The Adviser or the Trustee will need to setup the applicable bank account. Super Plus does not recommend or endorse any account.

SECTION D: INDIVIDUAL PERSONAL DETAILS (Complete fully and include all names)

Ensure correct TFN and dates of birth are entered, ABN application delays will occur if these are incorrect.

TRUSTEE / DIRECTOR 1:

Title: _____ Surname: _____ First & Middle name(s): _____

Date of Birth: ___ / ___ / ___ Place of Birth (Town and country): _____

Residential Address: _____

Email Address: _____ Mobile: _____

TFN: ___ / ___ / ___ Maiden or Former name(s): _____

Is this person also a member? Yes No Marital Status: _____

TRUSTEE / DIRECTOR 2:

Title: _____ Surname: _____ First & Middle name(s): _____

Date of Birth: ___ / ___ / ___ Place of Birth (Town and country): _____

Residential Address: _____

Email Address: _____ Mobile: _____

TFN: ___ / ___ / ___ Maiden or Former name(s): _____

Is this person also a member? Yes No Marital Status: _____

TRUSTEE / DIRECTOR 3:

Title: _____ Surname: _____ First & Middle name(s): _____

Date of Birth: ___ / ___ / ___ Birth (Town and country): _____

Residential Address: _____

Email Address: _____ Mobile: _____

TFN: ___ / ___ / ___ Maiden or Former name(s): _____

Is this person also a member? Yes No Marital Status: _____

TRUSTEE / DIRECTOR 4:

Title: _____ Surname: _____ First & Middle name(s): _____

Date of Birth: ___ / ___ / ___ Birth (Town and country): _____

Residential Address: _____

Email Address: _____ Mobile: _____

TFN: ___ / ___ / ___ Maiden or Former name(s): _____

Is this person also a member? Yes No Marital Status: _____

SECTION E: DETAILS OF EMPLOYMENT MEMBER RELATIONSHIP

IS ANY MEMBER OF THE FUND AN EMPLOYEE OF ANOTHER MEMBER: Yes No

Do any of the members manage/own a company with each other? Yes No

If No to the above question, then proceed to next section

If Yes to the above question, please provide details: _____

Members that are employees of another member can only be in the same fund if they are related.

Details of affected members: _____

Are all the members related? Yes No (If No please contact Super Plus)

If Yes please provide related details: _____

SECTION F: TRUSTEE DETAILS IF USING EXISTING COMPANY AS TRUSTEE

If the trustee is a new company then complete section G only.

Please provide the ASIC extract or annual statement for the existing company to be used.

Company Name: _____

ACN: _____ TFN (if applicable): _____

Date of Incorporation: ___ / ___ / _____

Address of Registered Office: _____

Phone: _____ Fax: _____

Email: _____

ARE ALL THE DIRECTORS THE SAME AS THE PEOPLE LISTED IN SECTION D?

Yes No

If No, please provide details of variance: _____

SECTION G: COMPANY DETAILS – ONLY FOR NEW COMPANY ORDER

Name of Company (1st Preference): _____

Name of Company (2nd Preference): _____

REGISTERED OFFICE FOR COMPANY – (IF NOT TO BE SUPER PLUS OFFICE) (the State of incorporation will be the members state of residence) – Please advise if to be different.

Street Address: _____

Suburb/City: _____ State: _____ Postcode: _____

Phone: _____ Email: _____

Place of Business: Registered Office Trustee's address Other (Please Specify)

Is the registered office occupied by an entity other than the SMSF: Yes No

Name of Occupier at registered address (e.g. XYZ Pty Ltd): _____

If yes then the occupier must agree in writing (please contact us for a form for this, if other than Super Plus)

Each Director must complete a consent, separate attached document. Each Director must have a Directors ID, before the company can be established.

(We'll record Director 1 as the Public Officer, please specify if you wish this to be different)

DIRECTOR 1:

Full Name: _____ Directors ID: _____

Paid up \$1 per share OR: \$_____ **If not stated 1 (Ord or A) share \$1 paid up value will be used.**

Number of Shares: _____ Class of Share: _____

If not stated then 12 shares in total equally across all members will be used.

Position(s) Held: Shareholder Secretary Director (Sole Director)

DIRECTOR 2:

Full Name: _____ Directors ID: _____

Paid up \$1 per share OR: \$_____ **If not stated 1 (Ord or A) share \$1 paid up value will be used.**

Number of Shares: _____ Class of Share: _____

If not stated then 12 shares in total equally across all members will be used.

Position(s) Held: Shareholder Secretary Director

DIRECTOR 3:

Full Name: _____ Directors ID: _____

Paid up \$1 per share OR: \$_____ **If not stated 1 (Ord or A) share \$1 paid up value will be used.**

Number of Shares: _____ Class of Share: _____

If not stated then 12 shares in total equally across all members will be used.

Position(s) Held: Shareholder Secretary Director

DIRECTOR 4:

Full Name: _____ Directors ID: _____

Paid up \$1 per share OR: \$_____ **If not stated 1 (Ord or A) share \$1 paid up value will be used.**

Number of Shares: _____ Class of Share: _____

If not stated then 12 shares in total equally across all members will be used.Position(s) Held: Shareholder Secretary Director**SECTION H: CHECKLIST**Full names (NOT just first and last) and details completed Directors ID(s) provided (if a company being setup) All relevant sections completed Spelling correct and legible **SPECIAL INSTRUCTIONS**

RETURN DETAILS (Email or post)

Please return the completed form to: Super Plus Australia Pty Ltd

We will then prepare an invoice for payment. Payment must be received before any documents will be provided.

SECTION J: ACKNOWLEDGEMENT AND DISCLAIMER

Super Plus arranges all documents based on the information provided to us on this form. Please ensure clear and correct instructions are provided as Super Plus will not be held responsible for any errors arising from incorrect information provided. Charges may be incurred to prepare additional documents if an error is located in the information provided on this form.

The trustee(s)/director(s) declare the information and answers provided for all trustee(s)/director(s) in this form to be true and correct and authorise Super Plus Australia Pty Ltd to take all necessary steps to arrange said documents and the trustee(s) agree and accept the disclaimer on page 1 of this order form regarding the provision of legal documents.

PERSON COMPLETING THE FORM AND RESPONSIBLE FOR THE SMSF ORDER_____
Print Name_____
Signature_____
Date

INDIVIDUAL TRUSTEES

As part of the ATO registration process the ATO considers an individual's suitability to run a SMSF and also the ABN registration form asks the following questions. To avoid any problems at the time of registration please answer the questions below.

The principle (first/main trustee) should **complete one of these forms confirming the answers are correct for all trustees.**

Super Plus default is to not GST register the SMSF.

Has any trustee lodged personal or other tax returns late? Yes No

The ATO may deem you as unsuitable to be a trustee, therefore do not make any plans, sign contracts etc, until the ATO has confirmed your suitability)

Do you require your fund to be registered for GST? Yes No

There may be an additional administration cost if GST registered.
Not compulsory where fund income (GST Turnover) less than \$75,000 pa
(Turnover excludes dividends, unit trust distributions, interest & contributions)

Does the Regulated Self-Managed Superannuation Fund intend to be a self managed superannuation fund for 12 months or longer? Yes No

Have any of the trustees been convicted of an offence in respect of dishonest conduct in the Commonwealth, or any State, Territory or foreign country? Yes No

Has a civil penalty order ever been made in relation to any of the trustees? Yes No

Are any of the trustees an un-discharged bankrupt? Yes No

Have any of the trustees been notified that they are a disqualified person by the Regulator (the Tax Office of Australian Prudential Regulation Authority)? Yes No

If you answered Yes to any question, (except 12 months or longer question) please provide details:

The trustee(s) declare the information and answers provided for all trustee(s)/director(s) in this form to be true and correct and authorise Super Plus Australia Pty Ltd to take all necessary steps to register this SMSF as a complying superannuation fund. The Trustee(s) agree and accept the disclaimer on page 1 of this order form regarding the provision of legal documents.

Print Name (Director)

Signature

Date

CORPORATE TRUSTEE

As part of the ATO registration process the ATO considers an individual's suitability to run a SMSF and also the ABN registration form asks the following questions. To avoid any problems at the time of registration please answer the questions below.

The principle (first/main director/chairperson) should **complete one of these forms confirming the answers are correct for all directors.**

Super Plus default is to not GST register the SMSF.

Has any trustee lodged personal or other tax returns late? Yes No
The ATO may deem you as unsuitable to be a trustee, therefore do not make any plans, sign contracts etc, until the ATO has confirmed your suitability)

Do you require your fund to be registered for GST? Yes No
There may be an additional administration cost if GST registered.
Not compulsory where fund income (GST Turnover) less than \$75,000 pa
(Turnover excludes dividends, unit trust distributions, interest & contributions)

Does the Regulated Self-Managed Superannuation Fund intend to be a self managed superannuation fund for 12 months or longer? Yes No

Does the company know or have reasonable grounds to suspect that a person who is, or is acting as, a responsible officer of the body corporate is a disqualified person? Yes No

Has a receiver, or a receiver and manager, of the company been appointed? Yes No

Has the company been placed under official management? Yes No

Has a provisional liquidator of the company been appointed? Yes No

Is the company being wound up? Yes No

If you answered Yes to any question, (except 12 months or longer question) please provide details:

The trustee(s) declare the information and answers provided for all trustee(s)/director(s) in this form to be true and correct and authorise Super Plus Australia Pty Ltd to take all necessary steps to register this SMSF as a complying superannuation fund. The Trustee(s) agree and accept the disclaimer on page 1 of this order form regarding the provision of legal documents.

Print Name (Director)

Signature

Date