



# Super Fund Order Form

Gatherum-Goss & Associates



*We do recommend you seek legal AND financial advice before creating a fund so that you are aware of any legal implications that might be involved, and to further ascertain if the structure is appropriate for your needs. We are not licensed or qualified financial advisors.*

In order to complete your Super Fund we will need a few details, so please take a second to answer all of the following questions so we can make a start...

Please also be aware that we do require the full payment of \$2,200.00 for the Super Fund before we can make a start (either by cash, cheque, money order or credit card).

**For the Trustee Company we will need:**

**Company Name (1<sup>st</sup> preference):** \_\_\_\_\_

**Company Name (2<sup>nd</sup> preference):** \_\_\_\_\_

*Note: We require two preferences for your Company Name in the event that your first preference is unavailable. Try checking these names at the following website to ensure they are NOT already taken: <http://www.search.asic.gov.au/gns001.html>*

*The Directory/Secretary/Shareholder of the Company can be either one person, or joint. Please note that anymore who intends on becoming a member of the Super Fund must be a director of the trustee company.*

**Director**

Full Name (incl. middle names): \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

Place of Birth (Town & Country): \_\_\_\_\_

Home Address : \_\_\_\_\_  
(not a post office box)

Phone Number: (    ) \_\_\_\_\_

**Director (2<sup>nd</sup>) \*** *\*Please tick if not applicable →*  **N/A**

Full Name (incl. middle names): \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

Place of Birth (Town & Country): \_\_\_\_\_

Home Address : \_\_\_\_\_  
(not a post office box)

Phone Number: (    ) \_\_\_\_\_

**Secretary**

Full Name (incl. middle names): \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

Place of Birth (Town & Country): \_\_\_\_\_

Home Address : \_\_\_\_\_  
(not a post office box)

Phone Number: (    ) \_\_\_\_\_



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**Secretary (2<sup>nd</sup>)** \*

*\*Please tick if not applicable →*

*N/A*

Full Name (incl. middle names):

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Date of Birth (DOB):

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)

Place of Birth (Town & Country):

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Home Address :

(not a post office box)

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Phone Number:

(     )

**Shareholder**

Full Name (incl. middle names):

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Date of Birth (DOB):

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)

Place of Birth (Town & Country):

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Home Address :

(not a post office box)

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Phone Number:

(     )

**Shareholder (2<sup>nd</sup>)** \*

*\*Please tick if not applicable →*

*N/A*

Full Name (incl. middle names):

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Date of Birth (DOB):

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)

Place of Birth (Town & Country):

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Home Address :

(not a post office box)

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**For the Super Fund we will need:**

**Fund Name:** \_\_\_\_\_

**Member 1**

Full Name: \_\_\_\_\_

Home Address  
(not a post office box): \_\_\_\_\_

Date started with current employer? \_\_\_\_\_

**Member 2**

Full Name: \_\_\_\_\_

Home Address  
(not a post office box): \_\_\_\_\_

Date started with current employer? \_\_\_\_\_

**Uses for the Fund:** \_\_\_\_\_

**Main purpose of the Fund:** \_\_\_\_\_

**Note:**

*ASIC recommends that most people do not create their own Self Managed Superannuation Fund unless they have about \$200,000 to roll over into the Fund. Based on this ASIC advice, please consider whether your own Superannuation Fund is appropriate and please do not hesitate to seek independent financial advice before proceeding.*