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SMSF NEW MEMBER ADMISSIONS Please complete all details in block letters.

date:		
from (your firm name):	ref:	
email address:		
DELIVERY		
PLEASE SEND DOCUMENTS FOR EXEC	CUTION	
by overnight courier by overnight courier tomorrow by local courier by email in due course		
FUND DETAILS		
name of fund		superannuation fund
address for service of notices	on the fund (must be street address) postcode	
email address for service of no	otices and correspondence on the fund	
address for correspondence to	the fund (can be p.o. box address)	
	postcode	

		are of the fund's accoun	tant	
contact pe				
name of fir	m			
tax agent's	no.			
phone				
facsimile				
email addr	ess			
	FRUSTEE DETAILS ACN / ARN / ABN ii	f applicable)		
residential	address / registere	d office (must be street	address)	
full names	of directors of trust	ee (if applicable)		
chairperson of directors' meeting (if applicable)				
CURRENT I	MEMBERSHIP			
full name			date of birth	
occupation			tax file no.	
address (must be street address)				
email addr	ess			
phone	work:			
	home: mobile:			
facsimile				
position he	eld by member			_





M			

full name		date of birth			
occupation		tax file no.			
address (m	address (must be street address)				
email addr	ess				
phone	work: home: mobile:				
facsimile	-				
position he	eld by member				
MEMBER 3					
full name		date of birth			
occupation		tax file no.			
address (II	nust be street addre				
email addr					
phone	work: home:				
	mobile:				
facsimile	•				
position he	eld by member				
MEMBER 4					
full name		date of birth			
occupation	l	tax file no.			
address (m	nust be street addre	ss)			
email addr	ess				
phone	work: home:				
	mobile:				
facsimile	•				
position he	ld by member				





ACCOUNTANTS OF THE FUND firm name address state postcode email address phone contact person

PROPOSED NEW MEMBERS (AND RETIRING MEMBERS IF ANY) NB MAXIMUM OF FOUR MEMBERS ONLY

date of birth
tax file no.

MEMBER 2

full name	date of birth			
occupation	tax file no.			
address (must be street address)				
email address				
phone work: home:				
mobile: facsimile work:				
position held by member				





MEMBER 3

full name		date of birth
occupation		tax file no.
address (n	nust be street address)	
email addr	ress	
phone	work: home: mobile:	
facsimile	work:	
position he	eld by member	
MEMBER 4 full name		data of hirth
		date of birth
occupation	1	tax file no.
address (n	nust be street address)	
email addr	ess	
phone	work: home: mobile:	
facsimile		
position he	eld by member	



