

LAWYERS

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Connect with us in f 'Connolly Suthers Lawyers'

SUPERANNUATION TRUST DEED Please complete all details in block letters.

| date: | | |
|--|-------------------------------------|---------------------|
| from (your firm name): | ref: | |
| email address: | | |
| | | |
| DELIVERY | | |
| PLEASE SEND DOCUMENTS FOR EXECUTION | | |
| by overnight courier by overnight courier tomorrow by local courier by email in due course | | |
| FUND DETAILS | | |
| is the fund to have a corporate trustee? | ☐ yes | ☐ no |
| is the role or primary purpose of the fund the provision of old age pensions? | ☐ yes | ☐ no |
| name of fund | | superannuation fund |
| address for service of notices on the fund (r | must be street address) postcode | |
| email address for service of notices and cor | | |
| address for correspondence to the fund (ca | n be p.o. box address) postcode | |

| if the contact for the ATO is care of the fund's according | ountant | |
|---|-----------------------|------|
| contact person | | |
| tax agent's no. | | |
| phone | | |
| facsimile | | |
| email address | | |
| does the fund or trust want to use the Australian Ta Office's internet based e commerce system? | xation yes | no 🗌 |
| do you want the fund to be registered for goods and services tax (GST)? | yes □ | no 🗌 |
| TRUSTEE DETAILS full name (ACN / ARN / ABN if applicable) | | |
| residential address / registered office (must be stre | eet address) | |
| full names of directors of trustee (if applicable) | | |
| chairperson of directors' meeting (if applicable) | | |
| if the trustee is also trustee of another related trus | t please give details | |
| | | |
| APPLICANT(S) FOR MEMBERSHIP | | |
| APPLICANT 1 | | |
| full name | | |
| occupation | | |
| address (must be street address) | | |
| email address | | |
| phone work: | | |
| mobile: facsimile work: | | |
| position held by applicant | | |





| _ | _ | _ | _ | _ | | | - |
|---|---|---|-------|---|---|----|----|
| Α | D | o | r | Λ | N | ıT | -, |
| | | | | | | | |

| full name | | date of birth |
|----------------------------------|---------------------------|----------------------------|
| occupation | | tax file no. |
| address (m | nust be street address) | |
| email addre | | |
| phone | work: home: mobile: | |
| facsimile | | |
| position he | ld by applicant | |
| APPLICANT : full name occupation | | date of birth tax file no. |
| address (m | nust be street address) | |
| | , | |
| email addre | ess | |
| phone facsimile | work: home: mobile: work: | |
| position ne | ld by applicant | |
| APPLICANT 4 | 4 | |
| full name | | date of birth |
| Occupation | n | tax file no. |
| address (m | nust be street address) | |
| email addre | ess | |
| phone facsimile | work: home: mobile: | |
| | ld by applicant | |
| Position no | | |





ACCOUNTANTS OF THE FUND

| firm name | | |
|--------------------|----------------|--|
| Address | | |
| State | postcode | |
| email address | | |
| Phone | contact person | |
| | | |
| | | |
| BANKER OF THE FUND | | |
| Bank | | |
| branch address | | |
| State | postcode | |
| email address | | |
| Phone | contact person | |

