

SMSF Annual Extra - An annual SMSF administration service that includes all tax returns, financial accounts and compliance services.

PLEASE TICK APPLICABLE BOX

- New fund** (please complete sections 1, 2 and 4 onwards)
- Existing fund** (please complete section 3 onwards)

SECTION 1 - NEW FUND AND ESTABLISHMENT DETAILS

Fund name

Fund address

Fund contact

Telephone

Mobile

Email

Resolutions

The resolutions are a record that the individual/s resolved to establish a self managed superannuation fund.

Place of meeting

Date of meeting

(Fund commencement date)

Date of execution of documents

(Cannot be prior to the commencement date)

SECTION 2 - CORPORATE TRUSTEE

Multiport can arrange the incorporation of a trustee company if required.

- Multiport to arrange incorporation of corporate trustee (Corporate trustee establishment fees apply)

Preferred company name

Second preference

- Existing company to act as corporate trustee (please provide details)

Existing company name

ACN / ABN

Please specify which individual (using A, B, C, or D from section 4) is the: Chairman Secretary

Registered office address

Multiport - Please select if you would like to use the Multiport corporate trustee service available to special purpose companies.
(An annual fee of \$200 applies).

Other

SECTION 3 - EXISTING FUND INFORMATION

Fund name

Fund address

Fund contact

Telephone

Mobile

Email

Fund ABN

Fund TFN

Corporate trustee details - if applicable

Existing company name

Registered office address

ABN / ACN

Please tick if you would like to use the Multiport corporate trustee service available to special purpose companies. (An annual fee of \$200 applies).

Please specify which individual (using A, B, C, or D from section 4) is the: Chairman Secretary

Current administrator / Accountant details

Please provide details of the fund's current administrator or accountant to allow us to obtain the records and information necessary to undertake the administration of your fund.

Company name

Contact name

Postal address

Street number and name

Town/Suburb

State

Postcode

Telephone

Mobile

Facsimile

Email

SECTION 4 - FINANCIAL STATEMENTS AND REPORTING

Please specify the first financial year for which Multiport is required to prepare financial statements, tax returns and provide compliance services.

Year ending

Is / Will the fund be registered for GST? Yes No

Are any members of the fund in pension mode? Yes No

Does / Will this fund have segregated assets? Yes No

SECTION 5 - TRUSTEE / MEMBER DETAILS

	Person A (Founding member)	Person B	Person C	Person D
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
TFN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please indicate	<input type="checkbox"/> Individual trustee <input type="checkbox"/> Director <input type="checkbox"/> Investor <input type="checkbox"/> Authorised person	<input type="checkbox"/> Individual trustee <input type="checkbox"/> Director <input type="checkbox"/> Investor <input type="checkbox"/> Authorised person	<input type="checkbox"/> Individual trustee <input type="checkbox"/> Director <input type="checkbox"/> Investor <input type="checkbox"/> Authorised person	<input type="checkbox"/> Individual trustee <input type="checkbox"/> Director <input type="checkbox"/> Investor <input type="checkbox"/> Authorised person
If Trustee/Director show town and country of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How many authorised persons are required to sign instructions on behalf of the fund?

Additional authorised contacts

In addition to the authorised contacts specified above, your nominated adviser listed on page 5 is authorised to issue instructions to us on behalf of the fund.

Membership information

Is the member employed by any other member Yes No Yes No Yes No Yes No

If yes, are the members related? Yes No Yes No Yes No Yes No

Are you a disqualified person under superannuation laws Yes No Yes No Yes No Yes No

Nomination of beneficiaries

If you do not wish to make a nomination please indicate

Beneficiary name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to member	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Proportion %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nomination	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding <input type="checkbox"/> Non lapsing binding	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding <input type="checkbox"/> Non lapsing binding	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding <input type="checkbox"/> Non lapsing binding	<input type="checkbox"/> Binding <input type="checkbox"/> Non-binding <input type="checkbox"/> Non lapsing binding

SECTION 6 - ADMINISTRATION AND REPORTING

Fund investment strategy

Every superannuation fund is required to have a written investment strategy. We will prepare a draft written document outlining the strategy for your fund if one is not already in existence.

Risk profile

Please indicate which risk profile you require:

Conservative
 Balanced
 Growth
 High growth
 Aggressive

Please complete the target percentage in the following asset allocation table and specify a rate of return over inflation.

	Example	Range		Target
		Min %	Max %	%
Cash	0-100	<input type="text"/>	to <input type="text"/>	<input type="text"/>
Fixed interest	0-50	<input type="text"/>	to <input type="text"/>	<input type="text"/>
Australian equities	0-50	<input type="text"/>	to <input type="text"/>	<input type="text"/>
International equities	0-40	<input type="text"/>	to <input type="text"/>	<input type="text"/>
Property	0-25	<input type="text"/>	to <input type="text"/>	<input type="text"/>
Other	0-25	<input type="text"/>	to <input type="text"/>	<input type="text"/>
				100%

The likely overall investment return of the fund in the medium term (3-5 years) should be no less than _____% above the average rates of inflation over the period.

Does the strategy need to include (tick if applicable):

Gearing
 Derivatives
 Collectibles

Taxation management

Unless otherwise specified below we will calculate a realised gain so as to minimise the capital gains. If you would like to use an alternative method, please indicate below:

LIFO (Last in first out)
 FIFO (First in first out)

Fund auditor

We will arrange for your fund to be audited by an independent auditor unless otherwise instructed below.

Appointed auditor (only complete if we are not to arrange appointment)

Company/Firm name

Professional body

Member number

Contact

Postal address

Contact telephone

Mobile

Facsimile

Email

Cash account

If you would like us to include an application for any of the following accounts, please indicate below.

- Macquarie Cash Management Account
- BWA Cash Management Trust BWA Cash Management Account
- Adelaide Cash Management Trust Adelaide Cash Management Account

SECTION 7 - ADVISER DETAILS

Surname

Given name

AFSL

Licensee name

Postal address

Street address

Town/Suburb

State

Postcode

Telephone

Facsimile

Email

Adviser's signature

Date

SECTION 8 - ESTABLISHMENT PAYMENT OPTIONS

Payment is required at time of application for all new fund establishments and corporate trustee incorporations. If you have elected any of these services, please indicate below.

- New fund establishment \$660
- Corporate trustee incorporation (documents provided in soft copy) \$725
- Corporate trustee incorporation (documents provided in corporate register) \$745

I/We have attached a cheque made payable to Multiport for the above services Yes No

I/We have completed the direct debit authorisation contained within this application form Yes No

SECTION 9 - DECLARATIONS AND CONSENTS

Privacy policy

We are collecting your information to provide services you have requested. Some information is required under laws relating to these services. If your information is sensitive (eg health information), we will use it only for the purpose for which it was provided. We may use non-sensitive information for related purposes, such as maintaining our relationship with you. If you authorise us, or if legally required, we may share your information with external parties such as administrators, your banking service, your financial adviser and accountant, and government bodies. For our Privacy Statement, visit our internet site. To view or correct any information please contact us.

Personal information and privacy

- I/We acknowledge that you and my adviser (specified on page 5 of this form) collect my personal information in relation to my self managed superannuation fund in accordance with the above privacy policy.
- I/We consent to my personal information being available for marketing use by Multiport and my nominated adviser.

Declarations and consents

I/We hereby declare that the above information is true and correct.

I/We acknowledge that I /we have been provided with a copy of the Multiport SMSF Annual Extra service guide and agree to the fees and charges quoted therein applying to our fund.

I/We acknowledge and agree that Multiport (and any person appointed by Multiport to act on its behalf) is appointed on the date set out below as the administrator of the fund.

I/We agree to appoint Multiport as the administrator of the fund on an ongoing basis commencing from the financial year end specified within this application.

I/We acknowledge that Multiport will register the fund with the Australian Taxation Office for the purpose of acquiring an Australian Business Number and Tax File Number (where applicable).

I/We agree to provide Multiport with all notices, information and documentation relating to the funds investments and from all other parties and/or government bodies as soon as practicable after each financial year.

I/We acknowledge that Multiport will liaise and accept instructions relating to the fund from us, our adviser or such other person as we may from time to time appoint in writing.

I/We agree to Multiport and my/our adviser as set in section 7 (and any other person so designated by me/us) providing all information, documents and records to each other regarding my/our interests in the fund so that Multiport may perform the administration of the fund. I/We also understand that this may be by phone, facsimile, internet or other electronic means.

I/We hereby authorise Multiport to deduct and pay from the fund's cash account/bank account its fees as agreed in writing and agree to complete the direct debit instruction contained within this application form.

In the case of an existing self-managed superannuation fund I/we authorise Multiport to contact the previous administrator/accountant of the fund to obtain necessary records and information to enable Multiport to undertake the administration of the fund. I/We acknowledge that Multiport will require certain documents and information to perform the administration of the fund. I/We agree to the fee specified if Trust Deed amendments are required upon transfer to Multiport.

In the case of a new self-managed superannuation fund, I/we instruct Multiport to provide the necessary documentation to establish the named fund and agree to the fee detailed in the Multiport SMSF Annual Extra service guide.

I/We agree that neither I/we, nor any person claiming through me, has any claim to Multiport in relation to a payment made or action taken by Multiport under any of the facilities, if the payment or instruction is made in accordance with the relevant conditions and includes instructions that are later not shown to have been made by me.

I/We acknowledge that Multiport is entitled either to cancel or change the terms and conditions of the facilities, including the replacement of the administrator, but may not do so without written notice.

I/We acknowledge that we or Multiport may terminate the provision of Multiport's services at any time. Where Multiport has undertaken work relating to the fund at the time of termination, Multiport is entitled to bill the fair value of work carried out.

Fund name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Trustee name

Trustee signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Trustee name

Trustee signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Trustee name

Trustee signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Trustee name

Trustee signature

Date

SECTION 10 - PAY PLAN - CLIENT SERVICE AGREEMENT

Our commitment to you

Drawing arrangements:

We will advise you, in writing, the details of Multiport Pty Ltd Pay Plan drawing arrangements (amount; frequency; commencement date) at least 14 calendar days prior to the first drawing.

Where the due date falls on a non business day, we will draw the amount on the next business day.

We will not change the amount or frequency of drawings arrangements without your prior approval.

We reserve the right to cancel the Multiport Pty Ltd Pay Plan drawing arrangements if three or more drawings are returned unpaid by our nominated financial institution and to arrange with you an alternate payment method.

We will keep all information pertaining to your nominated account at the financial institution, private and confidential

Your rights:

You may terminate the Multiport Pty Ltd Pay Plan drawing arrangements at any time by giving written notice directly to us, or through your nominated financial institution. Notice given to us should be received by us at least 14 business days prior to the due date.

You may stop payment of a drawing under the Multiport Pty Ltd Pay Plan by giving written notice directly to us, or through your nominated financial institution. Notice given to us should be received by us at least 14 business days prior to the due date.

You may request change to the drawing amount and/or frequency of Multiport Pty Ltd Pay Plan drawings by contacting us and advising your requirements no less than 14 business days prior to the due date.

Where you consider that a drawing has been initiated incorrectly (outside the Multiport Pty Ltd Pay Plan arrangements) you may take the matter up directly with us, or lodge a Direct Debit claim through your nominated financial institution.

Your commitment to us

Your responsibilities:

It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date.

It is your responsibility to ensure that the authorisation given to draw on the nominated account, is identical to the account signing instruction held by the financial institution where the account is based.

It is your responsibility to advise us if the account nominated by you to receive the Multiport Pty Ltd Pay Plan drawings is transferred or closed.

It is your responsibility to arrange with us a suitable alternate payment method if you wish to cancel the Multiport Pty Ltd Pay Plan drawing.

SECTION 11 - DIRECT DEBIT REQUEST

To: Multiport Pty Ltd

I / we request that money due in terms of the repayment arrangement contained in the application above made by ourselves on

be drawn under the Direct Debit system from my/our account below:

Account name

BSB

Account number

I / we acknowledge that this Direct Debit arrangement is governed by the terms of the Pay Plan Client Service Agreement received from:

Name: Multiport Pty Ltd

Debit user ID number: 396595

Signature 1:

Signature 2:

Date:

Level 1
1 Chifley Square
Sydney NSW 2000

Postal Address
PO Box N316
Grosvenor Place
Sydney NSW 1220

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Multiport Pty Ltd ABN 76 097 695 988
AFS LICENCE NO: 291195

