

# Establishment form

This form is to only be completed for fund establishments where Multiport are not providing ongoing administration services.

Self Managed Superannuation Funds established under this service are Member - Controlled funds. The Trust Deed for this type of fund allows for employer, member, government co-contributions and spouse contributions as well as rollovers and transfers from other superannuation funds. Benefits payable under this Deed can be Lump Sums, Pensions or any combination of these benefits.

**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 Superannuation Fund.

Place of meeting



Date of meeting

Date of execution of documents

(Fund commencement date)

(Cannot be prior to the commencement date)

**SECTION 2 - CORPORATE TRUSTEE**

If a trustee company is required, we are able to arrange for the incorporation. Corporate Trustee establishment fees apply.

 Multiport to arrange incorporation of corporate trustee

 Existing Company to act as Corporate Trustee  
(please provide details below)

Please nominate a name for the corporate trustee

Preferred Company Name / Existing Company Name

Second preference

Existing Company ACN / ABN

 If corporate trustee, please specify which individual (using A, B, C, or D from page 3) is the:  Chairman  Secretary

Registered Office

 Multiport (Please select if you would like to use the Multiport Company Secretarial Service. An annual fee of \$200 applies).

 Other

**SECTION 3 - 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" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
TFN	<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"/> Trustee Director <input type="checkbox"/> Member	<input type="checkbox"/> Individual Trustee <input type="checkbox"/> Trustee Director <input type="checkbox"/> Member	<input type="checkbox"/> Individual Trustee <input type="checkbox"/> Trustee Director <input type="checkbox"/> Member	<input type="checkbox"/> Individual Trustee <input type="checkbox"/> Trustee Director <input type="checkbox"/> Member
If Trustee/Director state place of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Membership information**

Is the member employed by any other member	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are the members related?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a disqualified person under superannuation laws	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 4 - ADMINISTRATION**

**FUND AUDITOR**

Company/Firm name

Professional Body  Member Number

Contact

Postal Address

Contact Telephone  Mobile

Facsimile  Email

**FUND ADMINISTRATOR**

Company/Firm name

Contact

Postal Address

Telephone  Facsimile

Email

**CASH ACCOUNT**

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

Macquarie Cash Management Account     BWA Cash Management Trust

Adelaide Cash Management Trust     Adelaide Cash Management Account

I/we intend to open the funds working cash account with \_\_\_\_\_

Branch Address

Please confirm your operating instructions for the cash account:

Any one of the trustees     Any two of the trustees     Other, please specify \_\_\_\_\_

**SECTION 5 - AUTHORITY TO PROCEED**

I hereby instruct Multiport Pty Ltd to provide the necessary documentation to establish the above named fund and agree to the fee specified. I acknowledge that the accuracy of the documentation is dependant on the information provided and I hereby certify that the above information is true and correct.

I have enclosed a cheque made payable to Multiport Pty Ltd for the following charges:

Establishment Fee \$660     Corporate Trustee Incorporation (documents provided in soft copy) \$725     Corporate Trustee Incorporation (documents provided in Corporate Register) \$795

Fund name

Authorised person  Signature  Date