

# New SMSF Application Form

## Section 1: Fund Details

Proposed name of new SMSF <i>e.g. Smith Superannuation Fund</i>			
Contact person:			
Postal address:			
		State:	Postcode:
Contact phones:	Work:	Home:	
	Fax:	Mobile:	
Email:			

## Section 2: Adviser Details

Adviser name:			
Company:			
Phone:			
Do you authorise us to share your personal & fund information with your adviser?			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

## Section 3: Trustee Details

Individual Trustees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company Trustees?	Continue below	
New company to be established?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, proposed name of company:		
If no, existing company name:		
	A.C.N	ABN

## Section 4: Member Details

A SMSF can have up to 4 members

<b>Member 1:</b>	Title:	Surname:	Former/Maiden name?:
Given name/s:		Tax File Number:	
Home address:			
		State:	Postcode:
Date of birth:	Place of birth (Town):	Country if not Australia:	
Preferred beneficiary <i>e.g. spouse</i>	Name:	Amount:	%
<b>Member 2:</b>	Title:	Surname:	Former/Maiden name?:
Given name/s:		Tax File Number:	
Home address:			
		State:	Postcode:
Date of birth:	Place of birth (Town):	Country if not Australia:	
Preferred beneficiary <i>e.g. spouse</i>	Name:	Amount:	%
<b>Member 3:</b>	Title:	Surname:	Former/Maiden name?:
Given name/s:		Tax File Number:	
Home address:			
		State:	Postcode:
Date of birth:	Place of birth (Town):	Country if not Australia:	
Preferred beneficiary <i>e.g. spouse</i>	Name:	Amount:	%



Member 4:	Title:	Surname:	Former/Maiden name?:
Given name/s:			Tax File Number:
Home address:			
			State:      Postcode:
Date of birth:	Place of birth (Town):		Country if not Australia:
Preferred beneficiary e.g. spouse	Name:	Amount:	%

**\* All proposed officeholders must sign declaration.**

<b>Section 5: Appoint Auditor</b>		
I/we appoint Taxnbooks Accounting to act as auditor of the fund	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, name of auditor:		
Address:		Phone:

<b>Section 6: Appoint Tax Agent</b>		
I/we appoint Taxnbooks Accounting to act as tax agent of the fund	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Section 7: Payment</b>	
New SMSF Establishment	\$880.00
New Trustee Company	.....(if required, add \$600.00)
<b>Total</b>	.....Cheques should be made payable to "Taxnbooks Accounting"

<b>Credit Card Payment</b>	
I wish to pay by:	<input type="checkbox"/> Bank card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
□ □ □ □    □ □ □ □    □ □ □ □    □ □ □ □	
Cardholder's name:	Amount: \$
Signature of cardholder:	Expiry date:    /

<b>Section 8: Authorisation &amp; Consent to Act</b>	
I/we hereby authorise you to attend to the establishment of an SMSF as detailed in this form. I hereby confirm that: (i) I have no prior convictions for offences against or arising out of a law of the Commonwealth, a State, a Territory or a foreign country, being an offence in respect of dishonest conduct; (ii) I am not currently an insolvent under administration as defined in the Superannuation Industry (Supervision) Act 1993 (Cth) ('SISA'); (iii) I am not subject of a civil penalty order that has been made under the SISA. I hereby consent to act as a director, shareholder, secretary and a public officer of the proposed trustee company.	

Trustee/Officeholder #1 Signature:	Trustee/Officeholder #3 Signature:
Trustee/Officeholder #2 Signature:	Trustee/Officeholder #4 Signature:
Date:	

# Existing SMSF Application Form (takeover of administration)

## Section 1: Fund Details

Name of existing fund:

ATO registrations:

TFN:

ABN:

**If your SMSF has a company acting as trustee, complete grey section below:**

Company name:

ACN:

Current registered office:

HC registered office:

Yes

No

**If individual trustees, complete beige section below:** (If more than two please provide details separately)

**Individual 1:**

Title:

Surname:

Given name/s:

Home address:

State:

Postcode:

**Individual 2:**

Title:

Surname:

Given name/s:

Home address:

State:

Postcode:

Contact person:

Postal address:

State:

Postcode:

Contact phone:

Work:

Home:

Mobile:

Fax:

Email:

## Section 2: Adviser Details

Adviser name:

Company:

Phone:

Do you authorise us to share your personal & fund information with your adviser?

Yes

No

## Section 3: Current Administrator

Firm name:

Contact person:

Phone:

Postal address:

State

Postcode:

## Section 4: Appoint Auditor

I/we appoint Taxnbooks Accounting to act as auditor of the fund

Yes

No

If not, name of auditor:

Address:

Phone:

## Section 5: Appoint Tax Agent

I/we appoint Taxnbooks Accounting to act as tax agent of the fund

Yes

No

## Section 6: Fund Records

Please send to us any of the following records that you may have:

- Trust deeds of the fund & any deeds of variation
- Most recent financial statements & income tax return of the fund
- Most recent member statements
- The original purchase price and quantity of each investment held by the fund
- Original fund records such as Minutes of meetings, member applications, consent to act as trustees

**Section 7: Authorisation**

I/we hereby authorise you to act as administrators of the fund until further notice.

Trustee / Director 1 Signature

Date:

Trustee / Director 2 Signature

Date:

Trustee / Director 3 Signature

Date:

Trustee / Director 4/Signature

Date:

**TaxnBooks Accounting**

**ABN 87 170 771 916**

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