

# New Self Managed Superannuation Fund

## Order Form

Order Form Checklist	Required	Completed
Section A – Contact Details	All Cases	
Section B – Details of Individuals	All Cases	
Section C – Contributing Employer	If Applicable	
Section D – Company Details (Existing Company as Trustee Only)	If Applicable	
Section E – Company Details (New Company as Trustee)	If Applicable	
Section F – Special Instructions	If Applicable	
Section G – Complete and Sign Disclosers	All Cases	
<p><b>Important Information - Please read to ensure you agree before signing this form</b></p> <p>MSCJ Superannuation Services has not provided any investment advice in relation to setting up this SMSF (should you wish specific advise do not fill this form in and contact us directly). In using this form MSCJ Superannuation Service acts only as a facilitator for the purpose of sourcing documents (including but not limited to: trust deeds, trust deed updates, deed of appointment &amp;/or retirement and Company constitutions) as produced by a qualified legal practitioner. We fully disclaim any liability for reliance on such documents by the trustees (and/or any other individual and/or other entity). The trustees understand and accept their role and responsibilities as a trustee of a SMSF and/or director of a company (penalties apply for non compliance). If they do not fully understand these responsibilities appropriate advice from a qualified professional advisor should be sort prior to signing this form.</p>		
Forward the completed form to: MSCJ Superannuation Services PO Box 6339 Mitchelton Qld 4053 Phone: 07 3354 4020 Fax: 07 3354 4021		
Please allow approximately five working days from receipt of the completed order form for processing.		

**Please complete all details clearly in block letters**

Name of Fund: \_\_\_\_\_

Date of Commencement: \_\_\_\_/\_\_\_\_/\_\_\_\_ or Leave undated

Trustee Type (circle one): Individual / Company

## Section A: Contact Details

**All documents, Invoices and Receipts will be directed C/- this person, unless otherwise stated.**

Person Ordering Fund (circle one): Advisor / Accountant / Trustee

Name of Person Ordering Fund: \_\_\_\_\_

Firm Name (if applicable): \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

<b><i>Payment Details</i></b> <b><i>(Payable prior to set-up unless approved purchaser)</i></b>	<b>Price (inc GST)</b>	<b>Tick Required</b>
Trust Deed & Set-up	\$660	
Trustee Company and Trust Deed Set-up (No GST on ASIC Fees)	\$1,390	
Trustee Company Only (No GST on ASIC Fees)	\$730	
	<b>Total Payable</b>	
<b><i>Payment Options</i></b>		
Cheque payable to MSCJ Superannuation Services		
Direct Credit		
Bank:	Bank of Queensland	
BSB:	124-001	
Account:	2169 4710	
	Please email <a href="mailto:admin@mscj.com.au">admin@mscj.com.au</a> when paid	

## Section B: Details of Individuals

<b>1 - Trustee</b>	<b>/</b>	<b>Director</b>	<b>/</b>	<b>Member</b>	<b>(delete if not applicable)</b>
Title: _____ Surname: _____ First Names: _____					
Date of Birth: ___/___/_____ Place of Birth: _____					
Tax File Number: ___/___/_____ Occupation: _____					
Residential Address: _____					

<b>2 - Trustee</b>	<b>/</b>	<b>Director</b>	<b>/</b>	<b>Member</b>	<b>(delete if not applicable)</b>
Title: _____ Surname: _____ First Names: _____					
Date of Birth: ___/___/_____ Place of Birth: _____					
Tax File Number: ___/___/_____ Occupation: _____					
Residential Address: _____					

<b>3 - Trustee</b>	<b>/</b>	<b>Director</b>	<b>/</b>	<b>Member</b>	<b>(delete if not applicable)</b>
Title: _____ Surname: _____ First Names: _____					
Date of Birth: ___/___/_____ Place of Birth: _____					
Tax File Number: ___/___/_____ Occupation: _____					
Residential Address: _____					

<b>4 - Trustee</b>	<b>/</b>	<b>Director</b>	<b>/</b>	<b>Member</b>	<b>(delete if not applicable)</b>
Title: _____ Surname: _____ First Names: _____					
Date of Birth: ___/___/_____ Place of Birth: _____					
Tax File Number: ___/___/_____ Occupation: _____					
Residential Address: _____					

## Section C: Details of Each Employer that Contributes to the Fund

**Name of Employer:**

ABN: \_\_\_/\_\_\_/\_\_\_/\_\_\_

ACN: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Is any member of the fund an employee of another? - Yes / No  
 If Yes - Are they related? - Yes / No

**Name of Employer:**

ABN: \_\_\_/\_\_\_/\_\_\_/\_\_\_

ACN: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Is any member of the fund an employee of another? - Yes / No  
 If Yes - Are they related? - Yes / No

## Section D: Existing Company Details

**Name of Company:**

ABN: \_\_\_/\_\_\_/\_\_\_/\_\_\_

ACN: \_\_\_/\_\_\_/\_\_\_

Registered Address: \_\_\_\_\_

Are all the directors the same as the individuals listed in Section B? - Yes / No

## Section E: New Company Details

**Name of Company (1<sup>st</sup> Preference):**

**Name of Company (2<sup>nd</sup> Preference):**

### New Company Details

Will this company be solely used as a Trustee Company to the SMSF – Yes/No

Will MSCJ Superannuation Services be the Registered Office for the Company – Yes/No

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### **1 – Director Secretary / Public Officer / Shareholder (delete if not applicable)**

Name: \_\_\_\_\_

Number of Shares: \_\_\_\_\_ Paid up share capital: \$1 or \_\_\_\_\_ Class of Shares: Ord or \_\_\_\_\_

#### **2 – Director Secretary / Public Officer / Shareholder (delete if not applicable)**

Name: \_\_\_\_\_

Number of Shares: \_\_\_\_\_ Paid up share capital: \$1 or \_\_\_\_\_ Class of Shares: Ord or \_\_\_\_\_

#### **3 – Director Secretary / Public Officer / Shareholder (delete if not applicable)**

Name: \_\_\_\_\_

Number of Shares: \_\_\_\_\_ Paid up share capital: \$1 or \_\_\_\_\_ Class of Shares: Ord or \_\_\_\_\_

#### **4 – Director Secretary / Public Officer / Shareholder (delete if not applicable)**

Name: \_\_\_\_\_

Number of Shares: \_\_\_\_\_ Paid up share capital: \$1 or \_\_\_\_\_ Class of Shares: Ord or \_\_\_\_\_

