

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>Important Information - Please read to ensure you agree before signing this form</p> <p>MSCJ Superannuation Services is not a licensed investment advisor and has not provided any investment advice in relation to setting up this SMSF. 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 &/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: _____

<i>Payment Details</i> <i>(Payable prior to set-up unless approved purchaser)</i>	Price (inc GST)	Tick Required
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	
	Total Payable	
<i>Payment Options</i>		
Cheque payable to MSCJ Superannuation Services		
Credit Card - Mastercard or Visa Card (Circle One)		
Card Number: _____		
Expiry Date: ____/____		
Name on Card: _____		
Signature of Card Holder: _____		

Section B: Details of Individuals

1 - Trustee / Director / Member (delete if not applicable)

Title: _____ Surname: _____ First Names: _____
 Date of Birth: ___/___/_____ Place of Birth: _____
 Tax File Number: ___/___/_____ Occupation: _____
 Residential Address: _____

2 - Trustee / Director / Member (delete if not applicable)

Title: _____ Surname: _____ First Names: _____
 Date of Birth: ___/___/_____ Place of Birth: _____
 Tax File Number: ___/___/_____ Occupation: _____
 Residential Address: _____

3 - Trustee / Director / Member (delete if not applicable)

Title: _____ Surname: _____ First Names: _____
 Date of Birth: ___/___/_____ Place of Birth: _____
 Tax File Number: ___/___/_____ Occupation: _____
 Residential Address: _____

4 - Trustee / Director / Member (delete if not applicable)

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 (1st Preference):

Name of Company (2nd 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 _____

