



NEW SUPER FUND

New Super Fund Order Form

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- Super Fund Order Form

ACTIONS REQUIRED

Super Fund Order Form:

- Complete sections A & B to order a new fund with individual trustees
- Complete section C if an employer wishes to contribute to the fund
- Complete section D only if you are using an existing company as trustee of the super fund
- Complete section E only if you require a new trustee company with your new super fund
- Post the completed form with payment to:

New Super
PO Box 714
Ormeau Qld 4208

- The establishment process for a new fund will take approximately five working days from receipt of the completed New Fund Order Form.

Subsequent Process

The new superannuation fund will be registered with the Australian Taxation Office.

The Trust Deeds and associates minutes for the establishment of the superannuation fund will be sent to the Trustees for signing. In addition, the following documents will also be enclosed for signing:

- Administration Agreement
- Macquarie Cash Management Trust Application
- Macquarie Cash Management Trust Duplicate Statement Instruction Form
- Macquarie Bank Third Party Authority Form
- Tax Agent update forms

New Super Fund Order Form

Name of Fund: _____

Date of Commencement: ____/____/____ or leave undated
(if no date is inserted, we will leave all documents undated)

DO YOU INTEND TO USE NEW SUPER ACCOUNTING SERVICE:

YES NO

SECTION A: ADVISOR/PERSON ORDERING DEED

(Documents, invoice and receipts will be directed to this person, unless otherwise stated)

Person Ordering the Deed: _____

Firm Name: _____

Postal Address: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

New Super Australia Pty Ltd act only as agents in the provision of Trust Deeds. Each individual Deed is prepared by the Solicitors whose name appears on the cover sheet. Individuals or professional firms ordering a Trust Deed should satisfy themselves that the Deed meets their requirements.

PAYMENT DETAILS

Trust Deed & Set Up \$660
 With Trustee Company \$1,320
 Total \$ _____

PAYMENT OPTIONS

- Cheque payable to New Super Australia Pty Ltd for \$ _____
- Charge my credit card for the amount of \$ _____

Mastercard Visa Bankcard (please circle one)

Name on Card: _____ Expiry Date: ____ / ____ Signature: _____

Card Number:

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* Please note that as Trustees of the self-managed superannuation fund you may reimburse yourself for the cost of establishment of the fund, once sufficient monies have been rolled over.

New Super Fund Order Form

Name of Fund: _____

SECTION B: DETAILS OF EACH INDIVIDUAL TRUSTEE AND/OR MEMBER

Trustee 1:

Name: _____ Date of Birth: ____/____/____

Place of Birth: _____

Residential Address: _____

TFN: ____/____/____ Occupation: _____

Is this trustee also a member? Yes No

Trustee 2:

Name: _____ Date of Birth: ____/____/____

Place of Birth: _____

Residential Address: _____

TFN: ____/____/____ Occupation: _____

Is this trustee also a member? Yes No

Trustee 3:

Name: _____ Date of Birth: ____/____/____

Place of Birth: _____

Residential Address: _____

TFN: ____/____/____ Occupation: _____

Is this trustee also a member? Yes No

Trustee 4:

Name: _____ Date of Birth: ____/____/____

Place of Birth: _____

Residential Address: _____

TFN: ____/____/____ Occupation: _____

Is this trustee also a member? Yes No

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SECTION C: DETAILS OF EACH EMPLOYER THAT CONTRIBUTES TO THE FUND

Name of Employer: _____

ACN: _____ ABN: _____

Address of Registered Office: _____

If there is more than one employer include all details in the Special Instructions on page 4.

SECTION D: TRUSTEE DETAILS IF USING EXISTING COMPANY AS TRUSTEE

If the trustee is a Company already incorporated then complete section D (i) only.

If the trustee is a new company then complete section E only.

SECTION D (i): TRUSTEE INFORMATION FOR AN EXISTING COMPANY

Company Name: _____

ACN: _____ ABN: _____

Date of Incorporation: ____/____/____

Address of Registered Office: _____

Phone: _____ Fax: _____

Email: _____

Full Names of all Directors of Trustee Company:

Director 1: _____

Director 2: _____

Director 3: _____

Director 4: _____

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COMPLIANCE

Does the ATO Regulated Self-Managed Superannuation Fund intend to be a self managed superannuation fund for 12 months or longer? No Yes

For the individual trustees of the self managed superannuation fund

Have any of the trustees been convicted of an offence in respect of dishonest conduct in the Commonwealth, or any State, Territory or foreign country? No Yes

Has a civil penalty order ever been made in relation to any of the trustees? No Yes

Are any of the trustees an undischarged bankrupt? No Yes

Have any of the trustees been notified that they are a disqualified person by the Regulator (the Tax Office or Australian Prudential Regulation Authority)? No Yes

If you answered 'YES' to any questions above, please provides details below:

MAILING DETAILS

Please mail the completed form with the appropriate payment details (Section A, page 1) to:

New Super
PO Box 714
ORMEAU QLD 4208

Phone: 1300 769 114
Fax: 1300 737 930
Email: admin@newsuper.com.au

DISCLAIMER: We prepare all documents based on the information provided to us on this form. Please ensure clear and correct instructions are provided as New Super will not be held responsible for any errors arising from incorrect information given. Charges may be incurred to prepare additional documents if an error is located in the information provided on this form.

New Super Fund Order Form

SECTION E: ONLY REQUIRED IF ORDERING A NEW TRUSTEE COMPANY

COMPANY DETAILS

Name of Company (1st Preference): _____

Name of Company (2nd Preference): _____

REGISTERED OFFICE OF COMPANY

Street Address: _____

Suburb/City: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____

Email: _____

DETAILS OF EACH DIRECTOR

DIRECTOR 1:

Full Name: _____

Address: _____

Date of Birth: ____/____/____

Place of Birth (incl Country): _____

Number of Shares: _____ Class of Share: _____

Paid up \$1 per share OR: \$ _____

Position(s) Held: Shareholder Secretary Public Officer

DIRECTOR 2:

Full Name: _____

Address: _____

Date of Birth: ____/____/____

Place of Birth (incl Country): _____

Number of Shares: _____ Class of Share: _____

Paid up \$1 per share OR: \$ _____

Position(s) Held: Shareholder Secretary Public Officer

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DIRECTOR 3:

Full Name: _____

Address: _____

Date of Birth: ____/____/____

Place of Birth (incl Country): _____

Number of Shares: _____ Class of Share: _____

Paid up \$1 per share OR: \$ _____

Position(s) Held: Shareholder Secretary Public Officer**DIRECTOR 4:**

Full Name: _____

Address: _____

Date of Birth: ____/____/____

Place of Birth (incl Country): _____

Number of Shares: _____ Class of Share: _____

Paid up \$1 per share OR: \$ _____

Position(s) Held: Shareholder Secretary Public Officer**MAILING INSTRUCTION**

Please mail the completed form to:

**New Super
PO Box 714
ORMEAU QLD 4208****Phone: 1300 769 114
Fax: 1300 737 930
Email: admin@newsuper.com.au**

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