



**Name of the SMSF:**

*(Can be name of choice but needs to end with: 'Superannuation Fund'; 'Super Fund'; 'Pension Fund'; or 'Retirement Fund'. Ideally, the word 'The' should not be included in the name)*

**Adviser's Name, Firm, Ph & email:**

  


**Fund Physical Address (not a PO Box):**

*Note: This will also be the Registered Office and place of business of the new SMSF Trustee Co.*

Street Address:

Suburb/City :

State:

Postcode:

**Postal Address:**

*(If the same as Physical address; write "as above")*

Alt. Address:

Suburb/City:

State:

Postcode:

**MEMBER & TRUSTEE DETAILS**

N.b. Full legal names. We require a separate Email and mobile per person for Online Portal access.

**TRUSTEE 1**

Title ie. Mr/Ms

D.O.B

First Name

Middle Name

Surname

TFN

Email

Mobile

Residential address: if different to first page



**TRUSTEE 2**

Title ie. Mr/Ms

D.O.B

First Name

Middle Name

Surname

TFN

Email

Mobile

Residential address: if different to first page



Is the trustee a member of the Fund? Y  N

Y  N

**TRUSTEE 3**

Title ie. Mr/Ms

D.O.B

First Name

Middle Name

Surname

TFN

Email

Mobile

Is the trustee a member of the Fund? Y  N

**TRUSTEE 4**

Title ie. Mr/Ms

D.O.B

First Name

Middle Name

Surname

TFN

Email

Mobile

Is the trustee a member of the Fund? Y  N

## CLIENT AGREEMENT AND AUTHORISATION

By signing this form:

I declare that the information in this Application is true and correct at the time of completion;

I declare that I have never been convicted of an offence involving dishonesty, have never been subject to a civil penalty order under the SIS Act, am not an undischarged bankrupt and have not been disqualified by a regulator;

I agree that Optima Super may collect, use and store my personal information for the purposes of processing this application and to provide ongoing services;

I consent to the role of member/trustee as noted in this application;

I agree to the release of information between Optima Super and my adviser of their firm, if details of an adviser have been provided or if this application was submitted by the adviser.

I authorise Optima Super to apply to register the Fund with the ATO and be appointed as the registered tax agent for the Fund and will be the address for all ATO correspondence;

I acknowledge that the service provided by Optima Super is a documentation service only and does not constitute advice;

I acknowledge that Optima Super does not provide Investment advice and has not provided a recommendation that this Fund be established;

I confirm that I have made my own decision to establish this Fund based on my personal and financial circumstances and have obtained financial, legal or other advice where necessary.

### APPLICANT'S SIGNATURE

Please digitally sign below

**Trustee 1**

.....  
Name:

**Trustee 2**

.....  
Name:

**Trustee 3 – if applicable**

.....  
Name:

**Trustee 4 – if applicable**

.....  
Name:



### CHECKLIST

- All trustee details completed
- All authorisations above signed and dated
- Completed payment details, including the credit card signature, if applicable
- Copy of Photo ID for each Trustee

### PAYMENT DETAILS

Price is dependent on which format you would like to receive the documents.  
Both options are inclusive of GST.

**PDF Version \$245**

**Binder Version \$295**



	<b>DIRECT CREDIT</b>	"Optima Super"	BSB: 014-253	A/C # 481734266	Ref: <i>Fund name</i>
	<b>-or- CREDIT CARD</b>	<b>Card Type:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	<b>Expiry Date:</b> MM/YY		
		<b>Card Holder Name:</b>			
		<b>Credit Card Number:</b>			
		<b>Card Holder Signature:</b>			
	<b>-or- BY CHEQUE</b>	Cheques should be made payable to <b>Optima Super</b>			

The order will be placed once payment has been received.

**Please send this completed form to:**

[support@optimasuper.com.au](mailto:support@optimasuper.com.au) -or- PO BOX 7743, EAST BRISBANE QLD 4169