



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, Ph # & email:

Fund Physical Address (not a PO Box):

Note: This will also be the place of business of the new SMSF Trustee Co.

Street Address:

Suburb/City:

State:

Postcode:

Ph #:

Postal Address:

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

Alt. Address:

Suburb/City:

State:

Postcode:

CORPORATE TRUSTEE DETAILS

Proposed Company Name:

Check the Company name availability by clicking the ASIC logo

Will the company act solely as trustee for the super fund?

Yes

No

SMSF Trustee Company – The sole purpose of this company is to act as a trustee of a regulated superannuation fund within the meaning of s19 of the *Superannuation Industry (Supervision) Act 1993*. The company's constitution must have a clause prohibiting the company from distributing income or property to its members (shareholders). If 'Yes' is selected it will qualify for a reduced annual ASIC levy.

Registered Office Address:

(If Optima Super is to act as the registered office just state 'Administrator')

Does the Company occupy the premises?

Yes

No

If not, who occupies the premises?

Does the Company have the occupier's consent for the premises?

Yes

No

CORPORATE SHAREHOLDING

Share Ownership:

(Who is to own the shares? We will assume 'directors in equal shares' if left blank)

Share Class: ORD (Ordinary shares):

If other, please specify:

No. of shares:

Price per share: \$

N.b. will assume 10 x \$1.00 shares if left blank

MEMBERS & OFFICE HOLDERS

N.b. The first Officeholder (Director 1) will default as the Chairperson and Public Officer.

We require a separate Email address and mobile number per person for Online Portal access.

MEMBER / DIRECTOR 1

Title ie. Mr/Ms D.O.B
First Name
Middle Name
Surname
City/State of Birth
Country of Birth
TFN
Email
Mobile

Residential address: if different to first page

Director /
Secretary:

Fund
Member:



MEMBER / DIRECTOR 2

Title ie. Mr/Ms D.O.B
First Name
Middle Name
Surname
City/State of Birth
Country of Birth
TFN
Email
Mobile

Residential address: if different to first page

Director /
Secretary:

Fund
Member:

MEMBER / DIRECTOR 3

Title ie. Mr/Ms D.O.B
First Name
Middle Name
Surname
City/State of Birth
Country of Birth
TFN
Email
Mobile

Residential address: if different to first page

Director /
Secretary:

Fund
Member:

MEMBER / DIRECTOR 4

Title ie. Mr/Ms D.O.B
First Name
Middle Name
Surname
City/State of Birth
Country of Birth
TFN
Email
Mobile

Residential address: if different to first page

Director /
Secretary:

Fund
Member:

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 and/or office holder as noted in this application and authorise Optima Super to register the Company on my/our behalf and act as the ASIC registered agent unless advised otherwise.

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

I authorise Optima Super to apply to register the SMSF 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

Director 1



Name:

Director 2 – if applicable



Name:

Director 3 – if applicable



Name:

Director 4 – if applicable



Name:

CHECKLIST

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



PAYMENT DETAILS

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

PDF Version \$920

Binder Version \$995



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

The order will be placed once payment has been received.

Please send this completed form to:

support@optimasuper.com.au -or- PO BOX 7743, EAST BRISBANE QLD 4169