CERTUS ACCOUNTANTS
Business Services | Taxation | Wealth Creation

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Application for new Self-managed Superannuation Fund

Proposed name of the new fund: _____

TRUSTEE(S) (please tick one): ☐ Corporate ☐ Individual(s)

Note: All members must be directors of the corporate trustee company.

CORPORATE TRUSTEE		
Do you have an exisiting Company to act as Trustee? ☐ Yes ☐ No; If yes,		
Details of Trustee Company	**Name:**	**A.C.N:**
	Registered address:	
If 'No' to the above question, **proposed new company name:**		
Director 1/ Member 1:		
Full name		
Address		
Place of birth		
Date of birth		
Tax File Number		
Director 2 / Member :		
Full name		
Address		
Place of birth		
Date of birth		
Tax File Number		

Liability limited by a scheme approved under Professional Standards Legislation

Chartered Accountants
THE TAX INSTITUTE
CHARTERED TAX ADVISER

Alternatively, if you elect to have individual(s) as trustee(s), please provide details below:

INDIVIDUAL TRUSTEE(S)	
Individual Trustee 1: Are you a member of this fund? ☐ **Yes** ☐ **No**	
Full name	
Address	
Place of birth	
Date of birth	
Tax File Number	
Individual Trustee 2: Are you a member of this fund? ☐ **Yes** ☐ **No**	
Full name	
Address	
Place of birth	
Date of birth	
Tax File Number	

Additional Directors (individual Trustees) / Members if applicable:

Director (Individual Trustee) 3/ Member 3:	
Full name	
Address	
Place of birth	
Date of birth	
Tax File Number	
Director (Individual Trustee) 4 / Member 4:	
Full name	
Address	
Place of birth	
Date of birth	
Tax File Number	

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----------PLEASE ENSURE PAYMENT IS MADE AT THE TIME OF APPLICATION----------

Pricing (GST Inclusive) for

Establishment of a Self - Managed Superannuation Fund (please tick one of the following):

- ☐ Individual trustee (s) $ 660, or
- ☐ Corporate trustee $1,650

PAYMENT OPTIONS:

EFT

Account name : Certus Accountants Pty Ltd
BSB : 032 000
Account number : 765 616
Reference No : SMSF (Surname)

OR Cheque payable to Certus Accountants Pty Ltd

I / We will be using Certus Accountants on my / our behalf for the following services (please tick where applicable):

- ☐ Administration of the fund;
- ☐ Preparation of the year-end financial accounts;
- ☐ Preparation and lodgement of the regulatory return;
- ☐ Audit of the self-managed super fund.

_____ _____
Client Signature Client Signature

_____ _____
Client Name Client Name

Date : ……