

## New Member Service

PO Box 20  
North Maitland NSW 2320  
Phone: (02) 4930 2100  
Fax: (02) 4930 2199

By completing this form, you will provide all the information we need in order to add a member to a self managed superannuation fund. As part of our service, we:

- review the current Trust Deed to identify the clause that allows the addition of members to the Fund;
- prepare relevant minutes and declarations for signing by the various parties;
- complete a member application for signing and include a Product Disclosure Statement for each new member of the Fund; and
- complete an ATO Change of details for superannuation entities form.

The cost of this service is **\$220** (including GST). Add \$110 (including GST) for each additional new member. Please see payment options below.

### Confirmation and Acceptance of Terms

I confirm that the information on this form is correct and I have completed the payment details below. *Please note that payment must accompany all requests* (an invoice will be provided in due course).

Name & Signature: .....

Invoice in the name of: .....

### Payment Details

- Please find a cheque attached
- A Direct Debit agreement is in place in the name of:.....

Account Holder's Signature: .....

- Please charge the following credit card:
  - MasterCard  Visa      **Amount:** .....

Cardholder's full name: .....

Card Number: \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_    Expiry Date: \_ \_ / \_ \_

Cardholder's Signature: .....

### Documents to Attach

- Full copy of the Fund's current Trust Deed.

### Section A: Contact Details

**Person Ordering the Service** – documents will be forwarded to this person.

Name: .....

Name of Firm: .....

Postal Address: .....

Contact Number: ..... Fax: .....

Email: .....

**Section B: Fund and Trustee Details**

Name of Fund: .....

ABN: \_\_\_/\_\_\_/\_\_\_/\_\_\_

**Please Indicate Trustee Type**

Corporate Trustee: .....

Company Directors: .....

Individual Trustees: .....

Trustee Address: .....

**Section C: Current Member Details**

Current Members:.....

**Section D: New Member Details** – If there are more than two new members please copy this page. Note that a self managed superannuation fund cannot have more than 4 members.

**Member 1**

Title: Mr/Mrs/Miss/Ms/Dr Sex: Male/Female

First Name: ..... Surname: .....

Street Address: .....

Date of Birth: ...../...../..... TFN: .....

Please indicate:  a member of the Fund?  a trustee (or a director of a trustee company)?

Date joining the Fund (if you wish to specify, otherwise leave blank): ...../...../.....

**Member 2**

Title: Mr/Mrs/Miss/Ms/Dr Sex: Male/Female

First Name: ..... Surname: .....

Street Address: .....

Date of Birth: ...../...../..... TFN: .....

Please indicate:  a member of the Fund?  a trustee (or a director of a trustee company)?

Date joining the Fund (if you wish to specify, otherwise leave blank): ...../...../.....