

(Non-administration)

This form is to only be completed for fund establishments where Multiport are not providing ongoing administration services.

Self Managed Superannuation Funds established under this service are Member - Controlled funds. The Trust Deed for this type of fund allows for employer, member, government co-contributions and spouse contributions as well as rollovers and transfers from other superannuation funds. Benefits payable under this Deed can be Lump Sums, Pensions or any combination of these benefits.

PLEASE USE BLOCK LETTERS.

Please forward this form complete with member signature to:

Multiport Pty Ltd
PO Box N316,
Grosvenor Place, NSW 1220

Please direct any enquiries to us by phone on 1300 364 672 or by email to help@multiport.com.au

SECTION 1 - NEW FUND AND ESTABLISHMENT DETAILS

Fund name

Fund address

Fund contact

Telephone

Mobile

Email

RESOLUTIONS

The Resolutions are a record that the individual/s resolved to establish a Superannuation Fund.

Place of meeting

Date of meeting

(Fund commencement date)

Date of execution of documents

(Cannot be prior to the commencement date)

SECTION 2 - CORPORATE TRUSTEE

Multiport to arrange incorporation of corporate trustee Existing Company to act as Corporate Trustee (please provide details below)

Please nominate a name for the corporate trustee

Preferred Company Name / Existing Company Name

Second preference

Existing Company ACN / ABN

If corporate trustee, please specify which individual (using A, B, C, or D from page 3) is the: Chairman Secretary

Registered Office

Full registered office address

Town/suburb

State

Postcode

SECTION 3 – TRUSTEE / MEMBER DETAILS

	Person A (Founding member)	Person B	Person C	Person D
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TFN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please indicate	<input type="checkbox"/> Individual Trustee <input type="checkbox"/> Trustee Director <input type="checkbox"/> Member	<input type="checkbox"/> Individual Trustee <input type="checkbox"/> Trustee Director <input type="checkbox"/> Member	<input type="checkbox"/> Individual Trustee <input type="checkbox"/> Trustee Director <input type="checkbox"/> Member	<input type="checkbox"/> Individual Trustee <input type="checkbox"/> Trustee Director <input type="checkbox"/> Member
If Trustee/Director State town of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If Trustee/Director State country of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Membership information

Is the member employed by any other member	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are the members related?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a disqualified person under superannuation laws	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Nomination of beneficiaries

If you do not wish to make a nomination please indicate

Beneficiary name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to member	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Proportion %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nomination	<input type="checkbox"/> Binding <input type="checkbox"/> Non-Binding <input type="checkbox"/> Non Lapsing Binding	<input type="checkbox"/> Binding <input type="checkbox"/> Non-Binding <input type="checkbox"/> Non Lapsing Binding	<input type="checkbox"/> Binding <input type="checkbox"/> Non-Binding <input type="checkbox"/> Non Lapsing Binding	<input type="checkbox"/> Binding <input type="checkbox"/> Non-Binding <input type="checkbox"/> Non Lapsing Binding

SECTION 4 – ADMINISTRATION

FUND AUDITOR

Company/Firm name

Professional Body

Member Number

Contact

Postal address

Town/suburb

State

Postcode

Telephone

Mobile

Facsimile

Email

FUND ADMINISTRATOR

Company/Firm name

Contact

Postal address

Town/suburb

State

Postcode

Telephone

Mobile

Facsimile

Email

SECTION 5 - PAYMENT DETAILS

Once we receive your application we will issue you an invoice for this SMSF Gearing Solutions package request.

Once the invoice has been paid we will proceed with processing your application.

Please advise the full name the invoice should be addressed to.

Please indicate your preferred method of payment for the invoice.

Electronic funds transfer (EFT)

Account name: Multiport Pty Ltd

Bank: Macquarie Bank

BSB: 182-222

Account: 119959989

Please use your super fund name as a reference to allow quicker identification of your payment.

Direct debit

SECTION 6 - REQUEST AND AUTHORITY TO DEBIT

Your Surname or company name

"you"

Your Given names or ABN/ARBN

request and authorise **Multiport Pty Ltd 396595** to arrange, through its own financial institution, a debit to your nominated account any amount Multiport Pty Ltd, has deemed payable by **you**.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from **your** account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

SECTION 7 - INSERT THE NAME AND ADDRESS OF FINANCIAL INSTITUTION AT WHICH ACCOUNT IS HELD

Financial institution name

Address

SECTION 8 - INSERT DETAILS OF ACCOUNT TO BE DEBITED

Account name

BSB

Account number

SECTION 9 - ACKNOWLEDGMENT

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Multiport Pty Ltd as set out in this Request and in your Direct Debit Request Service Agreement.

SECTION 10 - INSERT YOUR SIGNATURE AND ADDRESS

Address

Signature (If signing for a company, sign and print full name and capacity for signing eg. director)

Date

SECOND ACCOUNT SIGNATORY (IF REQUIRED)

Address

Signature (If signing for a company, sign and print full name and capacity for signing eg. director)

Date

SECTION 11 – SUBMITTING YOUR FORM

You can submit your application form via email or post:

A signed and scanned copy

Email: help@multiport.com.au

A printed and signed copy

Postal address:
PO Box N316
Grosvenor Place
Sydney NSW 1220

SECTION 7 – PRIVACY STATEMENT

Multiport collects personal information from you, your nominated adviser and other (prospective) members of your SMSF. Our main purpose in collecting personal information is to establish and/or administer your SMSF. If you do not provide the information necessary to process your application for SMSF services, then we may not be able to process it.

We may collect personal information if it is required or authorised by under the various financial services laws. If you use our services through an intermediary (such as a financial adviser, stockbroker or accountant), we will not use your information for the purposes of direct marketing without the consent of that intermediary. If you use our services directly (not through an intermediary), we may also use your personal information for related purposes, such as keeping you informed of new services or special arrangements offered or distributed by us. Again, when conducting our marketing activities, we may disclose some personal information to our service providers. You can opt out of receiving direct marketing information from us at any time.

We usually disclose information of this kind to:

- other members of the AMP group
- other members of your SMSF
- your financial planner or broker (if any)
- external service suppliers both here and overseas. A list of countries where these providers are likely to be located can be accessed via our Privacy Policy
- to Regulators such as Australian Taxation Office (ATO)
- anyone you authorise/nominate, or if required by law.

If sensitive information is collected, for example health information or membership of a professional association, additional restrictions apply. The primary purpose for collecting and holding sensitive information is to administer your SMSF's records of insurance held through your SMSF. We may disclose sensitive information to your nominated adviser or other trustees/trustee directors of your SMSF, anyone you have authorised or if required by law. Under the Multiport Privacy Policy, you may access personal information about you held by us. The Multiport Privacy Policy sets out our policy on management of personal information, including information about how you can access your personal information, seek to have any corrections made on inaccurate, incomplete or out-of-date information, how you can make a complaint about privacy and information about how we deal with such complaints. You may obtain a copy by contacting us on 1300 364 672 or visiting multiport.com.au

SECTION 8 - DECLARATIONS AND CONSENTS

I hereby instruct Multiport Pty Ltd to provide the necessary documentation to establish the above named fund and agree to the fee specified. I acknowledge that the accuracy of the documentation is dependant on the information provided and I hereby certify that the above information is true and correct.

X

Name

X

Signature

/ /

Date

Address
Level 10,
50 Bridge Street
Sydney NSW 2000

Postal address
PO Box N316,
Grosvenor Place
NSW 1220

Telephone 1300 364 672
Facsimile 02 9257 5399
Email help@multiport.com.au
Website multiport.com.au

