

## Existing Fund Client Engagement Form - Individual Trustee

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### Fund Details

Fund Name

Fund ABN

TFN

☐ The fund is registered for GST

☐ The fund is paying a pension

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### Bank Account Details

Financial Institution Name

BSB

Account Number

What is the first financial year we are to prepare?

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### Adviser Details

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Business Name

Given name(s)

Surname

Address

City

State

Post code

Contact Number

Fax Number

Email Address

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### Trustee Details

#### Trustee One (Please list details of your key contact)

Title Mr Mrs Ms Miss Member (tick if YES)

Given name(s) Surname

Address (not a P.O Box)

City State Post code

Date of Birth Tax File Number DIN (Director ID Number)

Contact Number Email Address

Country of Birth City of Birth

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### Trustee Two

Title Mr Mrs Ms Miss Member (tick if YES)

Given name(s) Surname

Address (not a P.O Box)

City State Post code

Date of Birth Tax File Number DIN (Director ID Number)

Contact Number Email Address

Country of Birth City of Birth

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### Trustee Details

#### Trustee Three

Title Mr Mrs Ms Miss Member (tick if YES)

Given name(s) Surname

Address (not a P.O Box)

City State Post code

Date of Birth Tax File Number DIN (Director ID Number)

Contact Number Email Address

Country of Birth City of Birth

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#### Trustee Four

Title Mr Mrs Ms Miss Member (tick if YES)

Given name(s) Surname

Address (not a P.O Box)

City State Post code

Date of Birth Tax File Number DIN (Director ID Number)

Contact Number Email Address

Country of Birth City of Birth

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### Trustee Details

#### Trustee Five

Title Mr Mrs Ms Miss Member (tick if YES)

Given name(s) Surname

Address (not a P.O Box)

City State Post code

Date of Birth Tax File Number DIN (Director ID Number)

Contact Number Email Address

Country of Birth City of Birth

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#### Trustee Six

Title Mr Mrs Ms Miss Member (tick if YES)

Given name(s) Surname

Address (not a P.O Box)

City State Post code

Date of Birth Tax File Number DIN (Director ID Number)

Contact Number Email Address

Country of Birth City of Birth

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### Details of Previous SMSF Accountant or Administrator

Previous Accountant / Administration Firm

Contact Person

Contact Number

Email Address

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### Identification

We need identification for each fund Trustee Director/Member.

Please copy and provide along with this form either both sides of your Drivers Licence or the ID page of your passport.

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### Declaration

By applying my/our signatures below, I/we confirm that:

- I/we engage Primestock Securities Limited (Prime SMSF Solution) for all services outlined at [www.primefinancial.com.au](http://www.primefinancial.com.au)
- I/we have accessed, read and understood the Prime SMSF Solution terms and conditions (Terms) which have been provided to me and are available at [www.primefinancial.com.au](http://www.primefinancial.com.au)
- I/We agree to be bound by the Terms and any variation of the Terms.
- I/We have read and understood the Fee Schedule provided to us and which is available at [www.primefinancial.com.au](http://www.primefinancial.com.au)
- All information provided in this form is true and correct.
- I/We consent to the collection, use and disclosure of personal information by Prime SMSF Solution in accordance with the Prime Group's Privacy Policy located at [www.primefinancial.com.au/privacy-policy](http://www.primefinancial.com.au/privacy-policy)
- Prime SMSF Solution is authorised to contact the Fund's previous administrator or accountant to obtain the information required to administer the Fund.
- I/We expressly authorise Prime SMSF Solution to act on the instructions of any one trustee [director of the trustee] of the SMSF without the need to confirm instructions with any other trustee [director].

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Declaration

Trustee 1	Date
Trustee 2	Date
Trustee 3	Date
Trustee 4	Date
Trustee 5	Date
Trustee 6	Date