

#### **Fund Details**

Please confirm what you would like to call your fund. There are no statutory naming standards which apply to self-managed super funds, so it is
possible two funds will have the same name. The ABN will work as the unique statutory identifier.

Fund name

I/wa wa	uld lika Drim	a SMSE Solution	on to establish a

ANZ account.  a) Existing ANZ client  b) Request for CRN(Customer Reference Number)  Yes  No  Macquarie Bank Account  a) I/we would like a Macquarie Accelerator Account to be established.  Yes  No  I/we would like to establish our own bank account AND  I/we wish to register the fund for GST							
Macquarie Bank Account a) I/we would like a Macquarie Accelerator Account to be established. Yes No I/we would like to establish our own bank account AND		ANZ account.	a) Existing ANZ client	Yes	No		
I/we would like to establish our own bank account AND			b) Request for CRN(Customer Reference Number)	Yes	No		
		Macquarie Bank Account	a) I/we would like a Macquarie Accelerator Account to be established.	Yes	No		
I/we wish to register the fund for GST		I/we would like to establish our own bank account AND					

### **Statement of Advice**

I/wa confirm I	I/wa hava raciovad s	Statement of Adivice	(SOA) for the actablishmen	t of an SMSF and attached a copy

OR

I/we confirm I/we have not recieved a Statement of Adivce (SOA) and do not wish to obtain one. I/we understand and accept the directors are solely responsible for making the decision to establish the fund.

Company	Details	
I/we ha	e an existing company I/we wish to act as a Corporate Trus	tee
Name		ACN
Registered Ad	ress Number and Street	
City	State	Post code
I/we wo	ald like Prime SMSF Solution to establish a Special Purpose	Corporate Trustee on my/our behalf.
Name Option 7		Name Option 2

I/we wish for Prime SMSF Solution (Primestock Securities Limited) to be the registered address for the company and prepare the annual company review. I/We understand there is an additional fee for this service as per the fee schedule provided to me.



Adviser Do	etails				
Title Mr	Mrs	Ms	Miss		
Business Name	е				
Given name(s)				Surname	
Address					
City			State	Post (	code
Contact Number	er			Fax Number	
Email Address					
	nt to my advis			direct with my adviser (tick if YES) rting portal (tick if YES)	
		se list det	ails of your ke	y 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	
Contact Number	er			Email Address	
Country of Birth	h			City of Birth	



Director 1	Гwo				
Title Mr	Mrs	Ms	Miss		Member (tick if YES)
Given name(s	)			Surname	
Address (not a	a P.O Box)				
City			State		Post code
Date of Birth			Tax File Number		DIN (Director ID Number)
Contact Numb	ber			Email Address	
Country of Bir	th			City of Birth	
Director 1	Γhree				
Title Mr	Mrs	Ms	Miss		Member (tick if YES)
Given name(s	)			Surname	
Address (not a	a P.O Box)				
City			State		Post code
Date of Birth			Tax File Number		DIN (Director ID Number)
Contact Numb	ber			Email Address	
Country of Bir	th			City of Birth	



Director Fo	our				
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	er			Email Address	
Country of Birth	n			City of Birth	
Director Fi	ive				
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	er			Email Address	
Country of Birth	h			City of Birth	



<b>Director Six</b>					
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	

#### 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.

### **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
- 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
- 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
- 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
- Prime SMSF Solution is authorised to contact the Fund's previous administrator or accountant to obtain the information required to
- 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].



Declaration	
Director 1	Date
Director 2	Date
Director 3	Date
Director 4	Date
Director 5	Date
Director 6	Date