

### **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

ì	Nwo would	lika Drima	CNICE	Solution	to establish a
	i/we would	like Prime	SIVISE	Solution	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

### **Statement of Advice**

I/we confirm I/we have recieved a Statement of Adivce (SOA) for the establishment 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.

### **Adviser Details**

Title Mr	Mrs	Ms	Miss		
Business Name					
Given name(s)				Surname	
Address					
City			State		Post code
Contact Number			Fax Number		Email Address

I consent to you discussing my superannuation matters direct with my adviser (tick if YES)

I consent to my adviser having online access to the reporting portal (tick if YES)



### **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 Contact Number **Email Address** Country of Birth City of Birth **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



Trustee Details					
Trustee Thr	ee				
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				Email Address	
Country of Birth				City of Birth	
Trustee Fou	ır				
Title Mr	Mrs	Ms	Miss		Member (tick if YES)
Given name(s)				Surname	
Address (not a P.	О Вох)				
City			State		Post code
Date of Birth			Tax File Number		DIN (Director ID Number)
Contact Number				Email Address	
Country of Birth				City of Birth	



Trustee Details					
Trustee Five	)				
Title Mr	Mrs	Ms	Miss		Member (tick if YES)
Given name(s)				Surname	
Address (not a P.C	) Box)				
City			State		Post code
Date of Birth				Tax File Number	
Contact Number				Email Address	
Country of Birth				City of Birth	
Trustee Six					
Title Mr	Mrs	Ms	Miss		Member (tick if YES)
Given name(s)				Surname	
Address (not a P.C	) 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 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].

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