Existing Fund Client Engagement Form - Corporate Trustee

Fund Details

Fund Name

Fund ABN

TFN

- [ ] The fund is registered for GST
- [ ] The fund is paying a pension

Bank Account Details

Financial Institution name

BSB

Account Number

What is the first financial year we are to prepare?

Company Details

Name

ACN

Registered Address Number and Street

City

State

Postcode

- [ ] 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 found at www.primefinancial.com.au.

Existing Fund Client Engagement Form - Corporate Trustee

Director(s) Details

Director 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

Director 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

Existing Fund Client Engagement Form - Corporate Trustee

Director(s) Details

Director 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

Director 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

Existing Fund Client Engagement Form - Corporate Trustee

Director(s) Details

Director 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

Director 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

Existing Fund Client Engagement Form - Corporate Trustee

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

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

Details of Previous SMSF Accountant or Administrator

Previous Accountant / Administration Firm

Contact Person

Contact Number Email Address

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.

Existing Fund Client Engagement Form - Corporate Trustee

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].

Director 1

Date

Director 2

Date

Director 3

Date

Director 4

Date

Director 5

Date

Director 6

Date