

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/we would like	Duine	CNACE	Calutian	++- -	
i/we would like	Prime	SIVISE	Solution	to establist	1

ANZ account.

a) Existing ANZ client Yes No

b) If yes, please provide your CRN(Customer Reference Number)

Macquarie Bank Account

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.

Company Details

	. ,			
	I/We have an existing company I/we wish to	act as a Corporate Trus	tee	
Name			ACN	
Regist	ered Address Number and Street			
City		State	J	Post code
	I/We would like Prime SMSF Solution to est	ablish a Special Purpose	Corporate Trustee on my/	our behalf.
Name	Option 1		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.



Advi	iser Deta	nils				
Title N	Мr	Mrs	Ms	Miss		
Busine	ss Name					
Given r	name(s)				Surname	
Addres	ss					
City				State		Post code
Contac	ct Number				Fax Number	
Email A	Address					
		nt to my advis		erannuation matters direct v		5)
Direc	ctor One	(Please I	ist details	of your key contac	ct)	
Title N	Mr	Mrs	Ms	Miss		Member (tick if YES)
Given r	name(s)				Surname	
Addres	ss (not a P.O	Вох)				
City				State		Post code
Date of	f Birth			Tax File Number		DIN (Director ID Number)
Contac	ct Number				Email Address	
Countr	ry of Birth				City of Birth	



Director 1	Γwo				
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	



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	

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