

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.

possible two fullus will have the same fiame. The Abia will work as the unique statutory identifier.		
Fund name		
I/we would like Prime SMSF Solution to establish		
I/We would like Pfiffle SMSF Solution to establish		
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.

Adviser Details			Title	Mr	Mrs		Ms	Miss
Business Name								
Given name(s)		Surname						
Address								
City	State			F	Post code			
Contact Number	Fax Number			E	Email Addre	ss		

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)



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 Contact Number Email Address Country of Birth City of Birth



Trustee De	tails				
Trustee Th	ree				
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	r			Email Address	
Country of Birth				City of Birth	
Trustee Fo	ur				
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	r			Email Address	
Country of Birth				City of Birth	



Trustee De	tails				
Trustee Fiv	е				
Title Mr	Mrs	Ms	Miss		Member (tick if YES)
Given name(s)				Surname	
Address (not a P	.O Box)				
City			State	Post code	3
Date of Birth				Tax File Number	
Contact Number				Email Address	
Country of Birth				City of Birth	
Trustee Six					
Title Mr Given name(s)	Mrs	Ms	Miss	Surname	Member (tick if YES)
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	



Identification

We need identification for each fund Trustee/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