

## Self Managed Superannuation Fund Establishment Form

### Establishment Form – Information

Thank you for the opportunity to establish your Self Managed Superannuation Fund.  
To enable us to establish your SMSF we will need information from each of the proposed fund members/trustees.

In addition to the information requested, we will also need some documents to prove your identity, before the establishment of your fund. The required proof of ID is listed in this link: [100 Points of ID](#)

**Please scan and return all required identification documents with your Establishment Form.**

(Please ensure if using a Drivers Licence with change of address that you scan both sides.)

Once the completed and signed document has been received, we will provide the establish documents for the fund and the corporate trustee (if applicable). Please carefully check and sign all the necessary documents and email a copy to [admin@supermanager.com.au](mailto:admin@supermanager.com.au).

The SMSF Establishment pack includes the below listed documents.

- SMSF Trust Deed
- Product Disclosure Statement
- Trustee Minutes establishing the Fund
- Member Applications
- Binding death benefit nomination
- Trustee and member registers
- ATO trustee declaration form

If you have requested to setup a corporate trustee, you will also receive the below documents to establish the corporate trustee company.

- Certificate of registration
- Company constitution
- Director, public officer & secretary consent
- Share application
- Director minutes

Upon receipt of the signed establishment documents, we will be able to order the Tax File Number (TFN) and Australian Business Number (ABN) for the fund and complete any registrations e.g. Goods and Services Tax (GST) etc. We are unable to order a TFN and ABN until we have received a complete signed set of establishment documents.

## Self Managed Superannuation Fund Establishment Form

### Section 1 – Fund Details

<b>Preferred Name for Fund</b>	
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<b>Establishment Date</b>	
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**Please Note:** Funds established prior to the 1<sup>st</sup> June will usually require audited financial returns to be prepared for that financial year regardless of the assets held. An auditing fee will apply

<b>Financial Advisor Name</b>	
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### Section 2 – Trustee Structure

**Corporate Trustee:**  (Complete Section 4 & remaining form sections)

**Individual Trustees:**  (please answer the questions below and then skip sections 4 & 6 )

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| 1. Have any of the Trustees been convicted of an offence in respect of dishonest conduct in the Commonwealth, or any state, territory or foreign country?      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Has a civil penalty order ever been made in relation to any of the Trustees?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Are any of the Trustees an undischarged bankrupt?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Have any of the Trustees been notified that they are a disqualified person by the regulator (the Tax Office or Australian Prudential Regulation Authority)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

### Section 3 – Superannuation Fund Registrations

**Will the Fund be registered for GST?** Yes  No

The default and recommended option is for the fund to be registered for GST.

**Will the Fund be paying a pension this Financial Year?** Yes  No

In most cases a pension paid to members between 55 and 60 will require PAYG registration.

### Section 4 – Corporate Trustee

If you wish to setup a Corporate Trustee, you MUST provide your DirectorID before we are able to establish the Company. For more information, <https://www.abrs.gov.au/director-identification-number/apply-director-identification->

**Preferred Name for Trustee Company:** \_\_\_\_\_

**Alternative Name for Trustee Company:** \_\_\_\_\_

## Section 5 – Member/Trustee Details

### Member/Trustee 1

Title: Mr  Mrs  Ms  Other \_\_\_\_\_

Gender: Male  Female  Other

First Name		Middle Name			
Surname					
Address					
Suburb		State		Post Code	
Date of Birth			Town / City / Country of Birth		
Tax File Number			Director ID Number <small>(only required if Fund is to have a Corporate Trustee)</small>		
Phone number			Occupation		
Email Address					
Any Former names					

### Death Benefit Arrangements - It is recommended that you seek legal advice before making a nomination.

How does this member want to handle their death benefit payment arrangements?

- With a Binding Death Benefit Nomination Form  
 With a Non - Binding Death Benefit Nomination Form  
 With a Death Benefit Agreement  
 Still to be determined

Beneficiary Full Name	Relationship to member	Proportion of Benefit (%)

If you have more than 3 Beneficiaries, please insert an additional page.

#### Form of Benefit:

- As a pension (if possible) otherwise as a lump sum  
 As a lump sum cash payment  
 At the discretion of the Trustee

If the beneficiary dies before the member, how does the member want that beneficiary's portion of the death benefit to be distributed?

- To the remaining beneficiaries in equal portions  
 To the member legal personal representative  
 In accordance with the trustee's obligations under the trust deed and superannuation law

If all the beneficiary's die before the member, how does the member want the death benefit to be distributed?

- To the members legal personal representative  
 In accordance with the trustee's obligations under the trust deed and superannuation law

Do you want the members death benefit nomination to bind the trustee?

- Yes  
 No

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section 5 – Member/Trustee Details

### Member/Trustee 2

Title: Mr  Mrs  Ms  Other \_\_\_\_\_

Gender: Male  Female  Other

First Name		Middle Name			
Surname					
Address					
Suburb		State		Post Code	
Date of Birth			Town / City / Country of Birth		
Tax File Number			Director ID Number <small>(only required if Fund is to have a Corporate Trustee)</small>		
Phone number			Occupation		
Email Address					
Any Former names					

## Death Benefit Arrangements - It is recommended that you seek legal advice before making a nomination.

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 With a Non - Binding Death Benefit Nomination Form  
 With a Death Benefit Agreement  
 Still to be determined

Beneficiary Full Name	Relationship to member	Proportion of Benefit (%)

If you have more than 3 Beneficiaries, please insert an additional page.

### Form of Benefit:

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 As a lump sum cash payment  
 At the discretion of the Trustee

If the beneficiary dies before the member, how does the member want that beneficiary's portion of the death benefit to be distributed?

- To the remaining beneficiaries in equal portions  
 To the member legal personal representative  
 In accordance with the trustee's obligations under the trust deed and superannuation law

If all the beneficiary's die before the member, how does the member want the death benefit to be distributed?

- To the members legal personal representative

In accordance with the trustee's obligations under the trust deed and superannuation law

**Do you want the members death benefit nomination to bind the trustee?**

Yes

No

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section 5 – Member/Trustee Details

Member/Trustee 3

Title: Mr  Mrs  Ms  Other \_\_\_\_\_

Gender: Male  Female  Other

First Name		Middle Name			
Surname					
Address					
Suburb		State		Post Code	
Date of Birth			Town / City / Country of Birth		
Tax File Number			Director ID Number <small>(only required if Fund is to have a Corporate Trustee)</small>		
Phone number			Occupation		
Email Address					
Any Former names					

## Death Benefit Arrangements - It is recommended that you seek legal advice before making a nomination.

How does this member want to handle their death benefit payment arrangements?

- With a Binding Death Benefit Nomination Form  
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 With a Death Benefit Agreement  
 Still to be determined

Beneficiary Full Name	Relationship to member	Proportion of Benefit (%)

If you have more than 3 Beneficiaries, please insert an additional page.

**Form of Benefit:**

- As a pension (if possible) otherwise as a lump sum  
 As a lump sum cash payment  
 At the discretion of the Trustee

**If the beneficiary dies before the member, how does the member want that beneficiary's portion of the death benefit to be distributed?**

- To the remaining beneficiaries in equal portions  
 To the member legal personal representative

In accordance with the trustee's obligations under the trust deed and superannuation law

**If all the beneficiary's die before the member, how does the member want the death benefit to be distributed?**

To the members legal personal representative

In accordance with the trustee's obligations under the trust deed and superannuation law

**Do you want the members death benefit nomination to bind the trustee?**

Yes

No

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section 5 – Member/Trustee Details

Member/Trustee 4

Title: Mr  Mrs  Ms  Other \_\_\_\_\_

Gender: Male  Female  Other

First Name		Middle Name	
Surname			
Address			
Suburb		State	Post Code
Date of Birth		Town / City / Country of Birth	
Tax File Number		Director ID Number <small>(only required if Fund is to have a Corporate Trustee)</small>	
Phone number		Occupation	
Email Address			
Any Former names			

## Death Benefit Arrangements - It is recommended that you seek legal advice before making a nomination.

**How does this member want to handle their death benefit payment arrangements?**

With a Binding Death Benefit Nomination Form

With a Non - Binding Death Benefit Nomination Form

With a Death Benefit Agreement

Still to be determined

Beneficiary Full Name	Relationship to member	Proportion of Benefit (%)

If you have more than 3 Beneficiaries, please insert an additional page.

**Form of Benefit:**

As a pension (if possible) otherwise as a lump sum

As a lump sum cash payment

At the discretion of the Trustee

**If the beneficiary dies before the member, how does the member want that beneficiary's portion of the death benefit to be distributed?**

- To the remaining beneficiaries in equal portions
- To the member legal personal representative
- In accordance with the trustee's obligations under the trust deed and superannuation law

**If all the beneficiary's die before the member, how does the member want the death benefit to be distributed?**

- To the members legal personal representative
- In accordance with the trustee's obligations under the trust deed and superannuation law

**Do you want the members death benefit nomination to bind the trustee?**

- Yes
- No

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section 5 – Member/Trustee Details

**Member/Trustee 5**

**Title:** Mr  Mrs  Ms  Other \_\_\_\_\_

**Gender:** Male  Female  Other

<b>First Name</b>		<b>Middle Name</b>	
<b>Surname</b>			
<b>Address</b>			
<b>Suburb</b>		<b>State</b>	<b>Post Code</b>
<b>Date of Birth</b>		<b>Town / City / Country of Birth</b>	
<b>Tax File Number</b>		<b>Director ID Number</b> <small>(only required if Fund is to have a Corporate Trustee)</small>	
<b>Phone number</b>		<b>Occupation</b>	
<b>Email Address</b>			
<b>Any Former names</b>			

## Death Benefit Arrangements - It is recommended that you seek legal advice before making a nomination.

**How does this member want to handle their death benefit payment arrangements?**

- With a Binding Death Benefit Nomination Form
- With a Non - Binding Death Benefit Nomination Form
- With a Death Benefit Agreement
- Still to be determined

<b>Beneficiary Full Name</b>	<b>Relationship to member</b>	<b>Proportion of Benefit (%)</b>

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If you have more than 3 Beneficiaries, please insert an additional page.

**Form of Benefit:**

- As a pension (if possible) otherwise as a lump sum
- As a lump sum cash payment
- At the discretion of the Trustee

**If the beneficiary dies before the member, how does the member want that beneficiary's portion of the death benefit to be distributed?**

- To the remaining beneficiaries in equal portions
- To the member legal personal representative
- In accordance with the trustee's obligations under the trust deed and superannuation law

**If all the beneficiary's die before the member, how does the member want the death benefit to be distributed?**

- To the members legal personal representative
- In accordance with the trustee's obligations under the trust deed and superannuation law

**Do you want the members death benefit nomination to bind the trustee?**

- Yes
- No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 5 – Member/Trustee Details**

**Member/Trustee 6**

**Title:** Mr  Mrs  Ms  Other \_\_\_\_\_ **Gender:** Male  Female  Other

<b>First Name</b>		<b>Middle Name</b>	
<b>Surname</b>			
<b>Address</b>			
<b>Suburb</b>		<b>State</b>	<b>Post Code</b>
<b>Date of Birth</b>		<b>Town / City / Country of Birth</b>	
<b>Tax File Number</b>		<b>Director ID Number</b> <small>(only required if Fund is to have a Corporate Trustee)</small>	
<b>Phone number</b>		<b>Occupation</b>	
<b>Email Address</b>			
<b>Any Former names</b>			

**Death Benefit Arrangements - It is recommended that you seek legal advice before making a nomination.**

**How does this member want to handle their death benefit payment arrangements?**

- With a Binding Death Benefit Nomination Form
- With a Non - Binding Death Benefit Nomination Form
- With a Death Benefit Agreement
- Still to be determined

<b>Beneficiary Full Name</b>	<b>Relationship to member</b>	<b>Proportion of Benefit (%)</b>




If you have more than 3 Beneficiaries, please insert an additional page.

**Form of Benefit:**

- As a pension (if possible) otherwise as a lump sum
- As a lump sum cash payment
- At the discretion of the Trustee

**If the beneficiary dies before the member, how does the member want that beneficiary's portion of the death benefit to be distributed?**

- To the remaining beneficiaries in equal portions
- To the member legal personal representative
- In accordance with the trustee's obligations under the trust deed and superannuation law

**If all the beneficiary's die before the member, how does the member want the death benefit to be distributed?**

- To the members legal personal representative
- In accordance with the trustee's obligations under the trust deed and superannuation law

**Do you want the members death benefit nomination to bind the trustee?**

- Yes
- No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 6 – Corporate Trustee Consents (if you are applying for a Corporate Trustee)**

**Corporate Trustee 1**

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

- I am aware of my responsibilities and consent to my appointment as a director of the Corporate Trustee and member of the Self Managed Superannuation Fund.

**Which of the following declarations are you as a director of the trustee able to make:**

- I am unaware, or have no reasonable grounds to suspect, that a person who is, or is acting as, a responsible officer of the trustee is a disqualified person as defined in section 120(1) of the Superannuation Industry (Supervision) Act 1993.
- I am aware, or have reasonable grounds to suspect, that a disqualified person is, or is acting as, a responsible officer of the Trustee. However, we believe that person is eligible (under subsection 126B(1) of the Superannuation Industry (Supervision) Act 1993) to apply to the regulator for a declaration waiving his or her status as a disqualified person and that the person will make an application under subsections 126B(1) within the allowed period.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Corporate Trustee 2**

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

- I am aware of my responsibilities and consent to my appointment as a director of the Corporate Trustee and member of the Self Managed Superannuation Fund.

**Which of the following declarations are you as a director of the trustee able to make:**

- I am unaware, or have no reasonable grounds to suspect, that a person who is, or is acting as, a responsible officer of the trustee is a disqualified person as defined in section 120(1) of the Superannuation Industry (Supervision) Act 1993.
- I am aware, or have reasonable grounds to suspect, that a disqualified person is, or is acting as, a responsible officer of the Trustee. However, we believe that person is eligible (under subsection 126B(1) of the Superannuation Industry (Supervision) Act 1993) to apply to the regulator for a declaration waiving his or her status as a disqualified person and that the person will make an application under subsections 126B(1) within the allowed period.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Corporate Trustee 3**

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

- I am aware of my responsibilities and consent to my appointment as a director of the Corporate Trustee and member of the Self Managed Superannuation Fund.

**Which of the following declarations are you as a director of the trustee able to make:**

- I am unaware, or have no reasonable grounds to suspect, that a person who is, or is acting as, a responsible officer of the trustee is a disqualified person as defined in section 120(1) of the Superannuation Industry (Supervision) Act 1993.
- I am aware, or have reasonable grounds to suspect, that a disqualified person is, or is acting as, a responsible officer of the Trustee. However, we believe that person is eligible (under subsection 126B(1) of the Superannuation Industry (Supervision) Act 1993) to apply to the regulator for a declaration waiving his or her status as a disqualified person and that the person will make an application under subsections 126B(1) within the allowed period.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Corporate Trustee 4**

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

- I am aware of my responsibilities and consent to my appointment as a director of the Corporate Trustee and member of the Self Managed Superannuation Fund.

**Which of the following declarations are you as a director of the trustee able to make:**

- I am unaware, or have no reasonable grounds to suspect, that a person who is, or is acting as, a responsible officer of the trustee is a disqualified person as defined in section 120(1) of the Superannuation Industry (Supervision) Act 1993.
- I am aware, or have reasonable grounds to suspect, that a disqualified person is, or is acting as, a responsible officer of the Trustee. However, we believe that person is eligible (under subsection 126B(1) of the Superannuation Industry (Supervision) Act 1993) to apply to the regulator for a declaration waiving his or her

status as a disqualified person and that the person will make an application under subsections 126B(1) within the allowed period.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Corporate Trustee 5**

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

- I am aware of my responsibilities and consent to my appointment as a director of the Corporate Trustee and member of the Self Managed Superannuation Fund.

**Which of the following declarations are you as a director of the trustee able to make:**

- I am unaware, or have no reasonable grounds to suspect, that a person who is, or is acting as, a responsible officer of the trustee is a disqualified person as defined in section 120(1) of the Superannuation Industry (Supervision) Act 1993.
- I am aware, or have reasonable grounds to suspect, that a disqualified person is, or is acting as, a responsible officer of the Trustee. However, we believe that person is eligible (under subsection 126B(1) of the Superannuation Industry (Supervision) Act 1993) to apply to the regulator for a declaration waiving his or her status as a disqualified person and that the person will make an application under subsections 126B(1) within the allowed period.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Corporate Trustee 6**

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

- I am aware of my responsibilities and consent to my appointment as a director of the Corporate Trustee and member of the Self Managed Superannuation Fund.

**Which of the following declarations are you as a director of the trustee able to make:**

- I am unaware, or have no reasonable grounds to suspect, that a person who is, or is acting as, a responsible officer of the trustee is a disqualified person as defined in section 120(1) of the Superannuation Industry (Supervision) Act 1993.
- I am aware, or have reasonable grounds to suspect, that a disqualified person is, or is acting as, a responsible officer of the Trustee. However, we believe that person is eligible (under subsection 126B(1) of the Superannuation Industry (Supervision) Act 1993) to apply to the regulator for a declaration waiving his or her status as a disqualified person and that the person will make an application under subsections 126B(1) within the allowed period.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 7 – Declaration**

**By signing the below declaration, I/we as trustees/members of the fund:**

- Declare that the information I/we have provided in this application is true, correct, and complete.
- Request that Australian Super Manager provide the necessary documentation / information to establish the SMSF on behalf of the fund trustees.
- Understand that Australian Super Manager may collect, use, and disclose the information in this form to third parties during the setup of the fund and ongoing administration of the fund.
- Authorise for Australian Super Manager to apply for an ABN and TFN for the SMSF and a ACN for the trustee company (if applicable).
- Authorise for Australian Super Manager to become the listed tax agent for the SMSF.
- Authorise for Australian Super Manager to commence billing for the Fund set up and ongoing administration as agreed.
- Declare that Australian Super Manager has not provided any advice in relation to the setup or ongoing investments of the SMSF.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_