



# SUPERANNUATION FUND ESTABLISHMENT

Name of Super Fund:			
Fund Type:			
Binding Death Benefit:			
Establishment Date:		Number of Members:	
Broker:			
TFSA Financial Services Guide, insert and B+W business card given to client(s):			Yes / No

**IF TRUSTEE IS A COMPANY** - Provide the following details:

Company Name:		ACN:	
Address:			

**TRUSTEE/DIRECTOR 1**

Surname:		Given Names:	
Date of Birth:		Place of Birth:	
Address:			
Email Address:			
Phone:		Mobile:	
Occupation:		TFN:	
Rollover Fund:			
Rollover Amt:		Member No:	
Relationship with Trustee/Director 2:			
<input type="checkbox"/> Passport	<input type="checkbox"/> Drivers Licence	<input type="checkbox"/> Medicare	<input type="checkbox"/> Credit Card

**TRUSTEE/DIRECTOR 2**

Surname:		Given Names:	
Date of Birth:		Place of Birth:	
Address:			
Email Address:			
Phone:		Mobile:	
Occupation:		TFN:	
Rollover Fund:			
Rollover Amt:		Member No:	
Relationship with Trustee/Director 1:			
Copy of Passport & Drivers license obtained:		Yes / No	
<input type="checkbox"/> Passport	<input type="checkbox"/> Drivers Licence	<input type="checkbox"/> Medicare	<input type="checkbox"/> Credit Card

## **OFFICE USE ONLY**

### **TOM/JOHN TO ADVISE**

St George Bank CM Account:		Yes / No
St George / B+W Full BBO Access:		Yes / No
Macquarie CMT Account:		Yes / No
Add to Praemium:		Yes / No
Baillieu CHES Account:		Yes / No

### **BILLING**

Debtor:					
Set Up Cost:		Monthly Fee:	Yes / No	Amount	\$

### **TAXATION**

Apply for TFN:	TFN:	Yes / No
Apply for ABN:	ABN:	Yes / No
Register for GST:		Yes / No
Apply for PAYGW:		Yes / No

### **ATTRIBUTES**

Partner:		Manager:	
Responsibility:		Referred By:	

### **FILES**

<input type="checkbox"/> Buff	<input type="checkbox"/> Red	<input type="checkbox"/> Orange	<input type="checkbox"/> Yellow	<input type="checkbox"/> Blue
<input type="checkbox"/> Purple	<input type="checkbox"/> Green	<input type="checkbox"/> Minutes	<input type="checkbox"/> Pink	

### **APS**

<input type="checkbox"/> Date of Establishment	<input type="checkbox"/> Relationships	<input type="checkbox"/> TFN &/or ABN
<input type="checkbox"/> Responsibility	<input type="checkbox"/> Matters	

### **NOTES**
