

**INSTRUCTION SHEET TO ESTABLISH A SELF MANAGED  
SUPERANNUATION FUND WITH 1 MEMBER**

**Delivery Instructions**

Please email documents to the following address:

Please send completed documents to:

**Payment Instructions**

**\$400 by email or \$525 by post**

Please send me a RapidPay reference number for payment prior to delivery

Please charge my credit card (details provided)

<b>Credit Card</b>	<b>Bankcard</b> <input type="checkbox"/>	<b>Visa</b> <input type="checkbox"/>	<b>Mastercard</b> <input type="checkbox"/>
<i>(We are unable to process American Express or Diners)</i>			
<b>Card No.</b>			
<b>Expiry Date</b>			
<b>Credit Card CCV No.</b>			
<i>(Last 3 digits after card no. on front or reverse of card – we cannot process your payment without this number)</i>			
<b>Name on Card</b>			
<b>Amount</b>	<b>\$</b>		
<b>Cardholder's Signature</b>			
<i>Where you pay our account by credit card, a surcharge equal to the amount of the merchant's fee may be added and you agree to pay such surcharge.</i>			

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Please print clearly.

**SOLE MEMBER**

**Name of the Member**

**Address of the Member**

**Date of Birth of Member**

**Name of Member's Beneficiary (in the event of the Member's death):**

**Address of the Member's Beneficiary**

**Percentage of Death Benefit attributable to each Beneficiary**

**Name of the Superannuation Fund**

The	Fund
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**Complete only if individual trustees**

**Name of 2nd Trustee:**

**Address of 2nd Trustee:**

**Complete only if corporate trustee**

**Name of Trustee Company:**

**ACN of Trustee Company:**

**Address of Trustee Company:**

**Name of 2nd Director of Trustee Company:**