

**INSTRUCTION SHEET TO ESTABLISH  
A SELF MANAGED SUPERANNUATION FUND WITH 2 TO 4 MEMBERS:**

**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

<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>	

Please print clearly.

**MEMBER 1**

**Name of the First Member**

**Address of the First Member**

**Date of Birth of First Member**

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

**Address of the First Member's Beneficiary**

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

%

**MEMBER 2**

**Name of the Second Member**

**Address of the Second Member**

**Date of Birth of Second Member**

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

**Address of the Second Member's Beneficiary**

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

%

**MEMBER 3**

**Name of the Third Member**

**Address of the Third Member**

**Date of Birth of Third Member**

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

**Address of the Third Member's Beneficiary**

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

%

**MEMBER 4**

**Name of the Fourth Member**

**Address of the Fourth Member**

**Date of Birth of Fourth Member**

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

**Address of the Fourth Member's Beneficiary**

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

**Name of the Superannuation Fund**

**Complete only if corporate trustee**

**Name of Trustee Company:**

All Members must be Directors of the trustee company and all Directors must be Members.

**ACN of Trustee Company:**

**Address of Trustee Company:**