

**INSTRUCTION SHEET TO ADOPT NEW RULES  
FOR A SELF MANAGED SUPERANNUATION FUND**

**Delivery Instructions**

Please email documents to the following address:

Please send completed documents to:

**Payment Instructions**

**\$300 by email or \$400 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>			

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Please print clearly.

**MEMBER 1**

**Name of the First Member**

**Address of the First Member**

**MEMBER 2 (OR TRUSTEE 2 IF 1 MEMBER FUND)**

**Name of the Second Member (or 2<sup>nd</sup> Trustee if 1 member fund)**

**Address of the Second Member (or 2<sup>nd</sup> Trustee if 1 member fund)**

**MEMBER 3**

**Name of the Third Member**

**Address of the Third Member**

**MEMBER 4**

**Name of the Fourth Member**

**Address of the Fourth Member**

**Name of the Superannuation Fund**

THE	FUND
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**Date Superannuation Fund Established**

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**Clause Number giving power to amend/adopt new rules**

CLAUSE
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**Complete only if corporate trustee**

**Name of Trustee Company:**

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**ACN of Trustee Company:**

ACN
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**Address of Trustee Company:**

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All Members must be Directors of the trustee company and all Directors must be Members.  
N/A if a 1 member fund.

**Name of First Director/Sole Director:**

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**Name of all other Directors:**

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