

# Application Form



Self Managed Superannuation

**YOU MUST HAVE READ THE SUPERNATION SERVICE INFORMATION & ADMINISTRATION AGREEMENT BEFORE APPLYING.**

Complete this form in BLACK PEN and CAPITAL LETTERS and mark boxes with a [X].

**RETURN COMPLETED FORM TO:** SuperNation Fund Administration Pty Ltd  
PO Box 5889, Gold Coast MC, Qld 9726

**MEMBERSHIP NUMBER**

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## 1. Fund Details

Fund name ("the Fund")


Is the Fund a **NEW** fund or an **EXISTING** fund transferring to SuperNation?

New fund

Existing fund – You must also attach additional information. (Please refer to the checklist on page 26 of the Service Information and Administration Agreement.)

Who are the current trustees of the Fund?

Fund members – Please complete the individual members' details in **section 2**.

**OR**

Corporate trustee(s) – Please complete the company details below.

## 2. Member and Trustee Details

### CORPORATE TRUSTEES ONLY

Company name


ABN/ACN

--

Company address


Suburb

--

State

--

Postcode

--

Tax File Number

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**2. Member and Trustee Details (continued)**

Please note that there should be no more than four members or trustees of the Fund. Applicant 1 will be the Fund's contact person.

**APPLICANT 1** (Fund Contact)

Member **AND/OR**  Trustee/ Director  
 Title  Given name(s)   
 Surname   
 Date of birth   Male  Female Tax File Number   
 Address   
 Suburb  State  Postcode   
 Telephone  Facsimile  Mobile   
 Email (By providing your email address, you agree that we may use this address to communicate with you and to provide you with information.)

**Employment details**

Under 65  Permanently retired  Aged 65-74 → Have you worked for at least 40 hours in 30 consecutive days in the current financial year?  Yes  No

**APPLICANT 2**

Member **AND/OR**  Trustee/ Director  
 Title  Given name(s)   
 Surname   
 Date of birth   Male  Female Tax File Number   
 Address   
 Suburb  State  Postcode   
 Telephone  Facsimile  Mobile   
 Email (By providing your email address, you agree that we may use this address to communicate with you and to provide you with information.)

**Employment details**

Under 65  Permanently retired  Aged 65-74 → Have you worked for at least 40 hours in 30 consecutive days in the current financial year?  Yes  No

## 2. Member and Trustee Details (continued)

### APPLICANT 3

Member **AND/OR**  Trustee/ Director  
 Title  Given name(s)   
 Surname   
 Date of birth   Male  Female Tax File Number   
 Address   
 Suburb  State  Postcode   
 Telephone  Facsimile  Mobile   
 Email (By providing your email address, you agree that we may use this address to communicate with you and to provide you with information.)

#### Employment details

Under 65  Permanently retired  Aged 65-74 → Have you worked for at least 40 hours in 30 consecutive days in the current financial year?  Yes  No

### APPLICANT 4

Member **AND/OR**  Trustee/ Director  
 Title  Given name(s)   
 Surname   
 Date of birth   Male  Female Tax File Number   
 Address   
 Suburb  State  Postcode   
 Telephone  Facsimile  Mobile   
 Email (By providing your email address, you agree that we may use this address to communicate with you and to provide you with information.)

#### Employment details

Under 65  Permanently retired  Aged 65-74 → Have you worked for at least 40 hours in 30 consecutive days in the current financial year?  Yes  No

### 3. First Trustee Meeting (New Funds only to complete)

First meeting of the trustee(s) of the Fund is to be held at:

Address of meeting

  


Suburb

State

Postcode

Date of meeting

If the fund is to be registered for GST, please cross this box.

**NEW FUNDS GO TO SECTION 6**

### 4. Trust Deed Amendment Details (Existing Funds only to complete)

Date of the original Trust Deed

State of execution

Is a copy of the Trust Deed that created the fund enclosed?

Yes

**OR**

No

Has the Trust Deed been amended previously?

Yes

**OR**

No

If the Trust Deed has been amended previously, please provide the dates of each amendment below.  
(If there have been more than four amendments made to the fund's Trust Deed, please attach details to this form.)

Amendment Date 1

Amendment Date 2

Amendment Date 3

Amendment Date 4

Is a copy of each document which amended the Trust Deed enclosed?

Yes

**OR**

No

Have the original trustees been replaced?

Yes

**OR**

No

Are copies of any documents by which previous trustees were appointed enclosed?

Yes

**OR**

No

**EXISTING FUNDS GO TO SECTION 5**

### 5. Previous Administration Arrangements (Existing Funds only to complete)

Name

Contact person

Address

  


Suburb

State

Postcode

Telephone (Home)

Telephone (Work)

Facsimile

Mobile

Email (By providing your email address, you agree that we may use this address to communicate with you and to provide you with information.)

Date of last audited financial statements and tax return

**ALL APPLICANTS GO TO SECTION 6**

## 6. Rollovers from other Superannuation Funds

Please indicate below the name of each existing fund, the estimated dollar value of the fund and the member name associated with that fund. If there are more than six existing funds to be rolled over, please attach details to this form.

NAME OF FUND	MEMBER NAME	ESTIMATED AMOUNT
		\$ <input type="text"/>
		\$ <input type="text"/>
		\$ <input type="text"/>
		\$ <input type="text"/>
		\$ <input type="text"/>
		\$ <input type="text"/>
<b>TOTAL TRANSFER AMOUNT</b>		\$ <input type="text"/>

ALL APPLICANTS GO TO SECTION 7

## 7. Investment Strategy

Please indicate below your fund's preferred asset allocation strategy. Please refer to page 23 of the Service Information and Administration Agreement for further details about what investments are allowed. We strongly recommend you seek professional advice when choosing your investment strategy.

ASSET CLASS		ASSET RANGE
<b>CASH AND FIXED INTEREST</b>	Cash	<input type="text"/> % to <input type="text"/> %
	Australian fixed interest	<input type="text"/> % to <input type="text"/> %
	Global fixed interest	<input type="text"/> % to <input type="text"/> %
<b>PROPERTY</b>	Mortgages	<input type="text"/> % to <input type="text"/> %
	Property	<input type="text"/> % to <input type="text"/> %
<b>SHARES</b>	Australian shares	<input type="text"/> % to <input type="text"/> %
	Global shares	<input type="text"/> % to <input type="text"/> %
	Derivatives	<input type="text"/> % to <input type="text"/> %
<b>OTHER</b>	Collectibles	<input type="text"/> % to <input type="text"/> %
	Other	<input type="text"/> % to <input type="text"/> %

ALL APPLICANTS GO TO SECTION 8

## 8. Bank Account Details

**You can only nominate a bank account that is held in the Fund's name.** By providing your bank account details in this section you authorise SuperNation Pty Ltd to use these details for all future deduction of fees and costs. **(Refer to page 17 of the Service Information and Administration Agreement.)**

Name of Australian financial institution

Branch name or address



Account name

Branch number (BSB)

 - 

Account number

**ALL APPLICANTS GO TO SECTION 9**

## 9. Adviser Service Fee

Complete this section only if you have agreed with your financial adviser to have an ongoing or one-off Adviser Service Fee deducted.

### Ongoing Fee

Adviser service fee including GST

•  % per annum **OR** \$  •  per month

### One-off Fee

Adviser service fee including GST

\$  •

**ALL APPLICANTS GO TO SECTION 10**

## 10. Fund Auditor

Please indicate below whether you elect to use the SuperNation standard auditor or your own nominated auditor. If you elect to use the SuperNation standard auditor you acknowledge that you will have a direct relationship with the standard auditor.

**The auditor for the Fund will be:**

SuperNation standard auditor – Please read the ‘Terms of the engagement’ on the following page.

My nominated auditor – Please complete auditor’s details below.

**AUDITOR INFORMATION – Please provide details of your nominated accountant who will be conducting the annual audit of your Fund.**

Accountant name

Telephone

Facsimile

Mobile

Email

### TERMS OF THE ENGAGEMENT

I/We agree:

- the audit will be conducted in accordance with the SIS Act and SIS Regulations with the objective of expressing an opinion on the financial statements and on compliance with the SIS Act and the Regulations thereto;
- the work undertaken by the standard auditor to form an opinion is permeated by judgement, in particular regarding the nature, timing and extent of the audit procedures for gathering of audit evidence and the drawing of conclusions based on the audit evidence gathered. In addition, there are inherent limitations in any audit, and these include the use of testing, the inherent limitations of any internal control structure, the possibility of collusion to commit fraud, and the fact that most audit evidence is persuasive rather than conclusive. As a result, our audit can only provide reasonable (not absolute) assurance that the financial statements are free from material misstatement;
- that it is the trustee(s) responsibility for the maintenance of adequate accounting records and internal controls, the safeguarding of superannuation fund assets, the selection of accounting policies, the preparation of financial statements and returns, and compliance with SIS Act and SIS Act Regulations;
- that I/we am/are responsible for the implementation and operations of accounting and internal control systems that are designed to prevent and detect fraud and error;
- that in accordance with section 113 of SIS Act, the financial statements of a regulated superannuation fund must be audited by an approved auditor. The auditor must give the trustee(s) a report of the financial statements in the approved form within the prescribed time after the year of income to which the financial statements relate;
- this appointment of auditor agreement will be effective for future years unless I/we advise you of its amendment or replacement, or the engagement is terminated;
- to provide documents relevant to the report, at the request of the auditor, within 14 days of receiving the request; and
- the fees for use of the standard auditor will be deducted from the fund's nominated Australian financial institution account by SuperNation and these fees received by SuperNation will be provided to the standard auditor.

**ALL APPLICANTS GO TO SECTION 11**

## 11. Declaration and Signature

By completing and signing the application form to apply for SuperNation Self Managed Superannuation, I/we declare and agree that:

- I/we have read and understood the information disclosed in the document to which this application applies, including information on fees and privacy, and have received and applied to receive SuperNation Self Managed Superannuation in Australia;
- SuperNation is appointed administrator of my/our fund;
- I am/we are bound by the all terms and conditions outlined in this document;
- I/we authorise and direct the debit of the fees and charges described in the current disclosure document from the fund's nominated Australian financial institution account in accordance with the Direct Debit Authority outlined in this document;
- if I/we have received this document from the internet or other electronic means that I/we received it personally or a printout of it, accompanied by or attached to this application form;
- all information in this form is true and correct;
- I/we authorise SuperNation, as the administrator of the fund, to apply on my/our behalf for an Australian Business Number and/or Tax File Number as required. We also authorise SuperNation to lodge the Notice of Election. In doing so, SuperNation is to utilise the information provided by us in the application, and
- if this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this application unless we have already sighted it).

These declarations and agreements are made as at the date on which you sign the application form, and continue (unless varied with the written agreement of SuperNation) for as long as you use SuperNation Self Managed Superannuation.

I/We acknowledge that administration and compliance services are performed by SuperNation Pty Ltd. We authorize SuperNation to disclose my/our personal information and to act on my/our behalf for the purposes of administration of my/our self managed superannuation fund.

Prior to its completion and signing, this application must not be handed to any person unless accompanied by the document. SuperNation Self Managed Superannuation is offered by SuperNation Pty Ltd ABN 73 163 689 834.

### ALL TRUSTEES / DIRECTORS MUST SIGN

Print name of Trustee / Director 1

  


Date

Signature of Trustee/Director 1

Print name of Trustee/Director 2

  


Date

Signature of Trustee/Director 2

Print name of Trustee/Director 3

  


Date

Signature of Trustee/Director 3

Print name of Trustee/Director 4

  


Date

Signature of Trustee/Director 4

## Adviser Information

By providing your adviser details, you certify that you are appropriately authorised to provide financial services in relation to this product.

Adviser name

  


Telephone

Facsimile

Mobile

Dealer ID

Adviser ID

Dealer/Adviser stamp (please use black ink only)