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Instruction Sheet Superannuation Fund

Instruction Sheet for a Superannuation Fund ONLY. Complete Company Incorporation if a Trustee Company is to be formed.

Use this page to place a manual order for a Superannuation Fund.

Please provide the following contact information:

AR No. (Office use only)			
<input type="text"/>			
Your full Name			
<input type="text"/>			
Organisation			
<input type="text"/>			
Street Number and Name			
<input type="text"/>			
Suburb		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Postal Address			
<input type="text"/>			
Postal Suburb		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Telephone	Mobile	Facsimile	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Fund
<input type="text"/>

Trustee 1 (there may be more than one Trustee if not a company)

Full Name			
<input type="text"/>			
Street Number and Name:			
<input type="text"/>			
Suburb		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
ABN/ACN of Trustee (if a company)			
<input type="text"/>			
Directors 1 of Trustee company (will be same as Members if a company)		Director 2 (if applicable)	
<input type="text"/>		<input type="text"/>	
Director 3 (if applicable)		Director 4 (if applicable)	
<input type="text"/>		<input type="text"/>	

Trustee 2 (if applicable)

Full Name

Street Number and Name:

Suburb

State

Postcode

ABN/ACN of Trustee (if a company)

Name of Director 1 of Trustee company

Name of Director 2 (if applicable)

Name of Director 3 (if applicable)

Name of Director 4 (if applicable)

Trustee 3 (if applicable)

Full Name

Street Number and Name:

Suburb

State

Postcode

ABN/ACN of Trustee (if a company)

Name of Director 1 of Trustee company

Name of Director 2 (if applicable)

Name of Director 3 (if applicable)

Name of Director 4 (if applicable)

Trustee 4 (if applicable)

Full Name

Street Number and Name:

Suburb

State

Postcode

ABN/ACN of Trustee (if a company)

Name of Director 1 of Trustee company

Name of Director 2 (if applicable)

Name of Director 3 (if applicable)

Name of Director 4 (if applicable)

Member 1 (there may be more than one)

Full Name

Street Number and Name:

Suburb

State

Postcode

Date of Birth

Reversionary Beneficiary 1

Relationship to Member (please mark with "X")

Spouse Child Defacto/Partner
Relative Financial Dependant Legal Representative

Full Name

Address

Suburb		State		Postcode	
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Date of Birth		Percentage Benefit	
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Reversionary Beneficiary 2

Relationship to Member (please mark with "X")

Spouse Child Defacto/Partner
Relative Financial Dependant Legal Representative

Full Name

Address

Suburb		State		Postcode	
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Date of Birth		Percentage Benefit	
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Reversionary Beneficiary 3

Relationship to Member (please mark with "X")

Spouse Child Defacto/Partner
Relative Financial Dependant Legal Representative

Full Name

Address

Suburb		State		Postcode	
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Date of Birth		Percentage Benefit	
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Reversionary Beneficiary 4

Relationship to Member (please mark with "X")

Spouse Child Defacto/Partner
Relative Financial Dependant Legal Representative

Full Name

Address

Suburb		State		Postcode	
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Date of Birth		Percentage Benefit	
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Member 2 (if applicable)

Full Name

Street Number and Name:

Suburb

State

Postcode

Date of Birth

Reversionary Beneficiary 1

Relationship to Member (please mark with "X")

Spouse

Child

Defacto/Partner

Relative

Financial Dependant

Legal Representative

Full Name

Address

Suburb

State

Postcode

Date of Birth

Percentage Benefit

Reversionary Beneficiary 2

Relationship to Member (please mark with "X")

Spouse

Child

Defacto/Partner

Relative

Financial Dependant

Legal Representative

Full Name

Address

Suburb

State

Postcode

Date of Birth

Percentage Benefit

Reversionary Beneficiary 3

Relationship to Member (please mark with "X")

Spouse

Child

Defacto/Partner

Relative

Financial Dependant

Legal Representative

Full Name

Address

Suburb

State

Postcode

Date of Birth

Percentage Benefit

Reversionary Beneficiary 4

Relationship to Member (please mark with "X")

Spouse

Child

Defacto/Partner

Relative

Financial Dependant

Legal Representative

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Full Name

Address

Suburb

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth

<input type="text"/>	<input type="text"/>
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Member 3 (if applicable)

Full Name

Street Number and Name:

Suburb

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth

Reversionary Beneficiary 1

Relationship to Member (please mark with "X")

Spouse
Relative

Child
Financial Dependant

Defacto/Partner
Legal Representative

Full Name

Address

Suburb

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth

<input type="text"/>	<input type="text"/>
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Reversionary Beneficiary 2

Relationship to Member (please mark with "X")

Spouse
Relative

Child
Financial Dependant

Defacto/Partner
Legal Representative

Full Name

Address

Suburb

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth

<input type="text"/>	<input type="text"/>
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Reversionary Beneficiary 3

Relationship to Member (please mark with "X")

Spouse
Relative

Child
Financial Dependant

Defacto/Partner
Legal Representative

Full Name

Address

Suburb

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth

Percentage Benefit

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Reversionary Beneficiary 4

Relationship to Member (please mark with "X")

Spouse
Relative

Child
Financial Dependant

Defacto/Partner
Legal Representative

Full Name

Address

Suburb

State

Postcode

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Date of Birth

Percentage Benefit

--	--

Member 4 (if applicable)

Full Name

Street Number and Name:

Suburb

State

Postcode

--	--	--

Date of Birth

Reversionary Beneficiary 1

Relationship to Member (please mark with "X")

Spouse
Relative

Child
Financial Dependant

Defacto/Partner
Legal Representative

Full Name

Address

Suburb

State

Postcode

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Date of Birth

Percentage Benefit

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Reversionary Beneficiary 2

Relationship to Member (please mark with "X")

Spouse
Relative

Child
Financial Dependant

Defacto/Partner
Legal Representative

Full Name

Address

Suburb

State

Postcode

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Date of Birth

Percentage Benefit

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Reversionary Beneficiary 3

Relationship to Member (please mark with "X")

Spouse	<input type="checkbox"/>	Child	<input type="checkbox"/>	Defacto/Partner	<input type="checkbox"/>
Relative	<input type="checkbox"/>	Financial Dependant	<input type="checkbox"/>	Legal Representative	<input type="checkbox"/>

Full Name

Address

Suburb		State		Postcode	
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Date of Birth	Percentage Benefit
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Reversionary Beneficiary 4

Relationship to Member (please mark with "X")

Spouse	<input type="checkbox"/>	Child	<input type="checkbox"/>	Defacto/Partner	<input type="checkbox"/>
Relative	<input type="checkbox"/>	Financial Dependant	<input type="checkbox"/>	Legal Representative	<input type="checkbox"/>

Full Name

Address

Suburb		State		Postcode	
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Date of Birth	Percentage Benefit
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Please enter any special instructions for InvestorOne. (e.g. delivery or additional details) or please phone us on 02 9231 5111.

Please print a copy of the completed form for your records.

Please select File then Save As and save a copy of the form as the same name as the fund (i.e. thesmithsuperfund.pdf) and email to orders@investorone.com.au