

INSTRUCTIONS TO CREATE A SUPERANNUATION FUND

1st Floor, 184 Parry Street
Newcastle West
NSW 2302

Phone: (02) 4962 4888
Fax: (02) 4962 4388
Email: mail@rmsuper.com.au

Fund Name:

Date of Commencement:

If Corporate Trustee:-

Company: ACN:

Registered Office:

Full name and address of all directors:

Director 1	Director 2
Director 3	Director 4

If Individual Trustee:-

Full Name, Date of Birth, Tax File Number and Address of Trustees:

Trustee 1	Trustee 2
Trustee 3	Trustee 4

Street Address where Trustee meetings are held:

Please state any other special instructions here.

Please prepare documentation to create a new Self Managed Superannuation Fund according to the foregoing information.

Signature _____ Date: _____

Contact Person (Block letters) _____

Date Received _____ Telephone _____

If you require any assistance in completing this form please contact us on (02) 4962 4888

Please provide all contact details for each Trustee and member of the fund.

Please provide contact information so we may contact you should we have a problem.