

SUPERANNUATION FUND – ORDER FORM

NAME OF FUND:.....

VALID STRUCTURES:

Sole Member Funds: The member must be one of two people acting as trustee. Alternatively, the trustee may be a company in which the member of the fund is the sole director or one of only two directors.

All Other Funds: All members must be trustees and all the trustees must be members. Alternatively, if a corporate trustee is used then all members must be directors of the trustee company and all directors must be members of the Fund.

CORPORATE TRUSTEE:.....ACN.....

Address:

INDIVIDUAL TRUSTEES AND / OR MEMBERS:

Name:

Address:

Gender: Male Female Is this person a member of the fund? YES NO

Name:

Address:

Gender: Male Female Is this person a member of the fund? YES NO

NB If more than two members, please attach additional schedule

To David Garry & Associates: You are appointed to act as our agent to procure a Trust Deed and ancillary legal documentation from a solicitor, the particulars for such trust deed and legal documents being set out hereinbefore. In consideration for you acting as our agent, payment of solicitors costs, attending to compilation of materials in a register and delivery of same we shall pay you such amounts as agreed.

Disclaimer – We do not provide legal, accounting, financial or stamp duty advice and therefore take no responsibility for your taxation, legal or other liabilities which may arise from the work we perform on your instructions. We urge you to first obtain legal and accounting advice in relation to your affairs and in particular this transaction.

APPLICANT DETAILS (FIRM):.....

CONTACT PERSON:PH:.....FAX:.....

FULL ADDRESS:.....

EMAIL:SIGNATURE:.....DATE:/..../.....

PAYMENT REQUIRED WITH ORDER

Amount \$.....

Direct Deposit / EFT

Bank/Branch: ANZ Grenfell St Adelaide

Date Deposited/Transferred

BSB: 015-010 Account: 9002 61003

...../...../.....

MasterCard

Visa

Card Number:.....Expiry Date:.....

Name of Cardholder:.....Signature.....