

ABN REGISTRATION – ORDER FORM

NAME OF SUPERANNUATION ENTITY.....

REQUIRED ENTITY INFORMATION

Does the superannuation entity already have an ABN?	Yes	No
If it has had an ABN before, please quote that ABN here:.....		
On what date did the Superannuation Entity come into existence?.....		
Does the superannuation fund intend to be a self-managed superannuation fund for 12 months or longer?		
Yes		No
Is the superannuation entity owned or controlled by Commonwealth, State, Territory or Local Government?		
Yes		No
Is the entity a resident for tax purposes?	Yes	No
Does the entity have more than one business location in Australia?	Yes	No
If 'Yes', which state and territories are the business locations in?		
.....		
What is the entity's main business location?.....		
.....		
Where does the entity want its notices and correspondence sent?	Main business location	
Other.....		
What is the entity's email address for service of notices and correspondence?		
Does the self-managed superannuation fund have an individual trustee or corporate trustee which has a director who is a legal personal representative (or parent / guardian) acting on behalf of a member?		
Yes		No

TAX FILE NUMBER (TFN)

Does the superannuation entity have a Tax File Number?	Yes	No
Does the superannuation entity wish to apply for a Tax File Number?	Yes	No

NOTICE OF ELECTION FOR SUPERANNUATION FUNDS

The notice of election is only required to be made for superannuation funds electing to be regulated under the *Superannuation Industry (Supervision) Act 1993*.

Please tick the appropriate box(es) below:

The governing rules provide that the sole or primary purpose of the fund is the provision of old age pensions (pension power);

The fund trustee is a constitutional corporation pursuant to a requirement contained in the governing rules (corporation power)

CORPORATE TRUSTEE DETAILS

If the self-managed superannuation fund has a corporate trustee, please provide the following details:

Corporate Trustee Name: ACN:

ASSOCIATED INDIVIDUALS DETAILS

For individual trustees of a self-managed superannuation fund:

Have any of the trustees been convicted of an offence in respect of dishonest conduct in the Commonwealth, State, Territory or foreign country? Yes No

Has a civil penalty order ever been made in relation to any of the trustees? Yes No

Are any of the trustees an undischarged bankrupt? Yes No

Have any of the trustees been notified that they are a disqualified person by the regulator (the Tax Office or Australian Prudential Regulatory Authority)? Yes No

*Please include details of all associated individuals and organisations with the Superannuation Fund.

SURNAME / CO: GIVEN NAMES / ACN:.....

RESIDENTIAL ADDRESS:

DATE OF BIRTH: .../.../..... Tax File Number: Sex: Male Female

Tick office held: Director of Corporate Trustee Member Trustee

SURNAME / CO: GIVEN NAMES / ACN:.....

RESIDENTIAL ADDRESS:

DATE OF BIRTH: .../.../..... Tax File Number: Sex: Male Female

Tick office held: Director of Corporate Trustee Member Trustee

SURNAME / CO: GIVEN NAMES / ACN:.....

RESIDENTIAL ADDRESS:

DATE OF BIRTH: .../.../..... Tax File Number: Sex: Male Female

Tick office held: Director of Corporate Trustee Member Trustee

APPLICANT DETAILS

Firm Details (if applicable):.....

Contact Person: PH:..... FAX:.....

Full Address:.....

Email: Signature:..... Date: .../.../.....

PAYMENT REQUIRED WITH ORDER **Amount \$.....**

Direct Deposit / EFT

Bank/Branch: ANZ Grenfell St Adelaide BSB: 015-010 Account: 9002 61003 Date Deposited/Transferred .../.../.....

MasterCard **Visa**

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

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

ADDITIONAL NOTES AND/OR INSTRUCTIONS:

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