

Credit Card Details

Visa Master Card American Express *
 * American Express cards will attract a 2.75% surcharge

Name on card: _____
 Card Number: _____
 Expiry Date: _____ \$ 374.00
 Signature: _____

Disclaimer - We do not provide legal, accounting 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.

SUPERANNUATION FUND ORDER FORM

Name of Fund : The _____

Date of Deed : _____

IF TRUSTEE IS A COMPANY - COMPLETE

Name of Trustee Company _____

ACN of Trustee Company _____

Address of Trustee Company _____

Directors of The Trustee Company _____

Chairman of Directors of The Trustee Company _____

IF TRUSTEE ARE NATURAL PERSONS - COMPLETE

Name of 1st Trustee _____

Address of 1st Trustee _____

Name of 2nd Trustee _____

Address of 2nd Trustee _____

Name of 1st Member: _____

Address of 1st Member _____

Date of Birth of 1st Member _____ Place of Birth _____

(Is this person "self Employed"? YES/NO)

Name of Employer _____

Address of Employer _____

Name of 1st Member's Beneficiary (in the event of the Members death) _____

Relationship of Beneficiary to 1st Member _____

Address of 1st Members Beneficiary _____

Percentage of Death Benefit of Fixed Amount (%) _____

Name of 2nd Member: _____

Address of 2nd Member _____

Date of Birth of 2nd Member _____ Place of Birth _____

(Is this person "self Employed"? YES/NO)

Name of Employer _____

Address of Employer _____

Name of 2nd Member's Beneficiary (in the event of the Members death) _____

Relationship of Beneficiary to 2nd Member _____

Address of 2nd Members Beneficiary _____

Percentage of Death Benefit of Fixed Amount (%) _____

Client Details:

Company _____

Name _____ Email _____

Address _____

Delivery Address _____

Phone _____ Fax _____