

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 (%) \_\_\_\_\_

**Your Details:**

**By completing this form you agree to the trading terms and conditions of Corporate Express found on [www.corporateexpress.com.au](http://www.corporateexpress.com.au).**

Name \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_