



416 Flinders Mall (PO Box 991)  
Townsville Qld 4810

Ph: (07) 4771 5664 Fax: (07) 4772 5742

## SUPERANNUATION TRUST DEED *Please complete all details in block letters.*

date: \_\_\_\_\_  
from (your firm name): \_\_\_\_\_ ref: \_\_\_\_\_  
email address: \_\_\_\_\_

### DELIVERY

#### PLEASE SEND DOCUMENTS FOR EXECUTION

by overnight courier   
by overnight courier tomorrow   
by local courier   
by email   
in due course

### FUND DETAILS

is the fund to have a corporate trustee?  yes  no

is the role or primary purpose of the fund  
the provision of old age pensions?  yes  no

name of fund \_\_\_\_\_ superannuation fund

address for service of notices on the fund (must be street address) \_\_\_\_\_  
\_\_\_\_\_ postcode \_\_\_\_\_

email address for service of notices and correspondence on the fund \_\_\_\_\_  
\_\_\_\_\_ postcode \_\_\_\_\_

address for correspondence to the fund (can be p.o. box address) \_\_\_\_\_  
\_\_\_\_\_ postcode \_\_\_\_\_

if the contact for the ATO is care of the fund's accountant

contact person \_\_\_\_\_

tax agent's no. \_\_\_\_\_

phone \_\_\_\_\_

facsimile \_\_\_\_\_

email address \_\_\_\_\_

does the fund or trust want to use the Australian Taxation Office's internet based e commerce system?

yes

no

do you want the fund to be registered for goods and services tax (GST)?

yes

no

**TRUSTEE DETAILS**

full name (ACN / ARN / ABN if applicable) \_\_\_\_\_

residential address / registered office (must be street address) \_\_\_\_\_

full names of directors of trustee (if applicable) \_\_\_\_\_

chairperson of directors' meeting (if applicable) \_\_\_\_\_

if the trustee is also trustee of another related trust please give details

**APPLICANT(S) FOR MEMBERSHIP**

**APPLICANT 1**

full name \_\_\_\_\_

date of birth \_\_\_\_\_

occupation \_\_\_\_\_

tax file no. \_\_\_\_\_

address (must be street address) \_\_\_\_\_

email address \_\_\_\_\_

**phone**

work: \_\_\_\_\_

home: \_\_\_\_\_

mobile: \_\_\_\_\_

**facsimile**

work: \_\_\_\_\_

position held by applicant \_\_\_\_\_

**APPLICANT 2**

full name \_\_\_\_\_ date of birth \_\_\_\_\_  
occupation \_\_\_\_\_ tax file no. \_\_\_\_\_  
address (must be street address) \_\_\_\_\_

---

email address \_\_\_\_\_  
**phone** work: \_\_\_\_\_  
home: \_\_\_\_\_  
mobile: \_\_\_\_\_  
**facsimile** work: \_\_\_\_\_  
position held by applicant \_\_\_\_\_

**APPLICANT 3**

full name \_\_\_\_\_ date of birth \_\_\_\_\_  
occupation \_\_\_\_\_ tax file no. \_\_\_\_\_  
address (must be street address) \_\_\_\_\_

---

email address \_\_\_\_\_  
**phone** work: \_\_\_\_\_  
home: \_\_\_\_\_  
mobile: \_\_\_\_\_  
**facsimile** work: \_\_\_\_\_  
position held by applicant \_\_\_\_\_

**APPLICANT 4**

full name \_\_\_\_\_ date of birth \_\_\_\_\_  
Occupation \_\_\_\_\_ tax file no. \_\_\_\_\_  
address (must be street address) \_\_\_\_\_

---

email address \_\_\_\_\_  
**phone** work: \_\_\_\_\_  
home: \_\_\_\_\_  
mobile: \_\_\_\_\_  
**facsimile** work: \_\_\_\_\_  
position held by applicant \_\_\_\_\_

**ACCOUNTANTS OF THE FUND**

firm name	_____	
address	_____	
state	_____	postcode
email address	_____	
phone	_____	contact person

**BANKER OF THE FUND**

bank	_____	
branch address	_____	
state	_____	postcode
email address	_____	
phone	_____	contact person