



Superannuation administration made simple!

# Client Engagement Form

Please select Client Engagement Form type:

New Fund  Existing Fund

DEALER/ADVISER STAMP

## Fund Details

Name of your Superannuation Fund \_\_\_\_\_

Primary contact name \_\_\_\_\_

Postal address \_\_\_\_\_

Tel (W) \_\_\_\_\_ Tel (H) \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

## New Fund

Would you like SuperGuardian to establish the bank account for the superannuation fund?  Yes  No

Which bank account would you like? \_\_\_\_\_

Would you like us to assist with your rollovers?  Yes  No

If Yes, please include copies of your most recent member statements.

Would you like to register this fund for GST?  Yes  No

\*Annual fees apply. The fund is not required to register for GST unless the income resulting from taxable activities such as commercial rent exceeds \$75,000 p.a. We recommend you seek advice from your Financial Adviser as to whether this is suitable for your fund.

## Existing Fund

Australian Business Number (ABN) \_\_\_\_\_

Tax File Number (TFN) \_\_\_\_\_

Is this fund registered for GST?  Yes  No

Is this fund paying a pension?  Yes  No

Do you have a bank account set up for this fund?  Yes  No

If Yes, name the financial institution \_\_\_\_\_

Address \_\_\_\_\_

Account Name \_\_\_\_\_

BSB \_\_\_\_\_ A/C \_\_\_\_\_

What is the first financial year you would like us to prepare? \_\_\_\_\_

## Investment Adviser Details

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Do you authorise your Investment Adviser to access your financial statements online?  Yes  No

Do you authorise us to deal with your Investment Adviser direct?  Yes  No

## Trustee and Member Structure

If you elect to have an Individual Trustee, please complete **this page**.

If you elect to have a Company as Trustee, please proceed to the **next page**.

A person is a 'Member' of a SMSF if they make contributions to the SMSF or have a superannuation balance in the SMSF.

If you intend to roll-over your existing super, or contribute money or assets to the fund, please tick the Member box.

### Individual Trustee/Member Details

Please note: If you have Individual Trustees, there must be a minimum of two Trustees. Otherwise you must use a Company Trustee.

#### Trustee 1

Are you a member of this Fund?  Yes  No

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ Tax File Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_

#### Trustee 2

Are you a member of this Fund?  Yes  No

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ Tax File Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_

#### Trustee 3

Are you a member of this Fund?  Yes  No

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ Tax File Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_

#### Trustee 4

Are you a member of this Fund?  Yes  No

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ Tax File Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_

## Trustee and Member Structure

If you elect to have an Individual Trustee, please complete **this page**.

If you elect to have a Company as Trustee, please proceed to the **next page**.

A person is a 'Member' of a SMSF if they make contributions to the SMSF or have a superannuation balance in the SMSF.

If you intend to roll-over your existing super, or contribute money or assets to the fund, please tick the Member box.

### Individual Trustee/Member Details

Please note: If you have Individual Trustees, there must be a minimum of two Trustees. Otherwise you must use a Company Trustee.

#### Trustee 5

Are you a member of this Fund?  Yes  No

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ Tax File Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_

#### Trustee 6

Are you a member of this Fund?  Yes  No

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ Tax File Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_



## Company Trustee / Member Details

Do you have an existing Company to act as Trustee?  Yes  No

If **Yes**, Company Name \_\_\_\_\_ ACN \_\_\_\_\_

Registered Office \_\_\_\_\_

If **No**, Would you like SuperGuardian to arrange establishment?  Yes  No

If **Yes**, proposed name \_\_\_\_\_

Would you like us to prepare the annual ASIC Company Review?  Yes  No  
\*additional fees apply

### Director 1

Are you a member of this Fund?  Yes  No

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ Tax File Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth / State \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ Director ID\* \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

### Director 2

Are you a member of this Fund?  Yes  No

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ Tax File Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth / State \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ Director ID\* \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

### Director 3

Are you a member of this Fund?  Yes  No

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ Tax File Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth / State \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ Director ID\* \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

### Director 4

Are you a member of this Fund?  Yes  No

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ Tax File Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth / State \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ Director ID\* \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

\*Please note that a Director ID for each director/trustee is required before we can establish a company.

## Company Trustee / Member Details

### Director 5

Are you a member of this Fund?  Yes  No

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ Tax File Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth / State \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ Director ID\* \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

### Director 6

Are you a member of this Fund?  Yes  No

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ Tax File Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth / State \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ Director ID\* \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

\*Please note that a Director ID for each director/trustee is required before we can establish a company.

Previous Accountant	
Name _____	Surname _____
Company _____	
Address _____	
Email _____	
Telephone _____	Facsimile _____
Declaration and Consent	
<p>I/We hereby declare that all of the above information is true and correct.</p> <p>I/We agree to provide all information required by SuperGuardian to ensure the efficiency of ongoing reporting.</p> <p>In the case of an existing fund, I/we authorise SuperGuardian to contact the prior Administrator and/or Accountant to obtain the necessary records and information to enable SuperGuardian to undertake the administration of the fund.</p> <p>I/We agree to be bound by the terms and conditions of the direct debit authority agreement.</p> <p>I/We acknowledge we have read and will abide by the terms and conditions as set out in this client information pack.</p>	
Signed Trustee 1 _____	Date _____
Signed Trustee 2 _____	Date _____
Signed Trustee 3 _____	Date _____
Signed Trustee 4 _____	Date _____
Signed Trustee 5 _____	Date _____
Signed Trustee 6 _____	Date _____
<p>I/We request and authorise SuperGuardian (User ID 246836) to arrange for any fees payable to SuperGuardian for services provided, in accordance with the SuperGuardian Terms and Conditions, to be debited through the Bulk Electronic Clearing System, from the following account or any other account which we notify SuperGuardian of hereafter.</p> <p><b>Name of Financial Institution:</b> _____</p> <p><b>Name of Account:</b> _____</p> <p><b>BSB:</b> _____</p> <p><b>Account Number:</b> _____</p> <p>By signing this Direct Debit Authority I/we acknowledge having read and understood the Terms and Conditions governing the debit arrangements between us and SuperGuardian as set out in this Authority and in the Direct Debit Request Service Agreement (outlined overleaf)</p> <p>(the superannuation fund bank account) subject to the terms and conditions of the Direct Debit Request Service Agreement.</p> <p>I/we authorise that the first debit may occur within one month of signing the SuperGuardian application form.</p>	
Signed Trustee 1 _____	Date _____
Signed Trustee 2 _____	Date _____
Signed Trustee 3 _____	Date _____
Signed Trustee 4 _____	Date _____
Signed Trustee 5 _____	Date _____
Signed Trustee 6 _____	Date _____