

# smsf+options

## PERSON/ADVISOR ORDERING FUND

Full Name

Company

Postal Address

Phone

Email

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## NEW FUND DETAILS

Proposed Name of Fund

Primary Contact

Fund Address

Postal Address

Meeting Address

## INDIVIDUAL TRUSTEES AND MEMBERS

Member 1 / Trustee 1

First Name

Middle/Other Name

Family Name

Residential Address

DOB

TFN

Position

Trustee

Member

Signature

Date

Member 2 / Trustee 2

First Name

Middle/Other Name

Family Name

Residential Address

DOB

TFN

Position

Trustee

Member

Signature

Date

## INDIVIDUAL TRUSTEES AND MEMBERS (CONT)

Member 3 / Trustee 3

First Name

Middle/Other Name

Family Name

Residential Address

DOB

TFN

Position

Trustee

Member

Signature

Date

---

Member 4 / Trustee 4

First Name

Middle/Other Name

Family Name

Residential Address

DOB

TFN

Position

Trustee

Member

Signature

Date

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## FURTHER INFORMATION

For further information or assistance in completing this form, please contact

Guy Wuoti on 0432 634 047,

Please email completed forms to: [admin@smsfoptions.com](mailto:admin@smsfoptions.com)

or post to:

SMSF Options Pty Ltd

PO Box 108

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