



Fund Administration Service

prosUPER

Client Details

Firm Name: _____

Contact Name: _____

Address: _____

_____ P/C

Phone: _____ Fax: _____

Email: _____

Tax Agent Details

Firm Name: _____

Contact Name: _____

Address: _____

_____ P/C

Phone: _____ Fax: _____

Tax Agent No: _____ Email: _____

Fund Details

Full Name of Fund: _____

Tax File No: ____/____/____

ABN: ____/____/____

Date Established: ____ - ____ - ____

Last Amended: ____ - ____ - ____

pro-super australia Pty Ltd ACN 097 625 235
suite 50, level 5, 320 adelaide street brisbane qld 4000 – gpo box 26 brisbane qld 4001
freecall: 1800 641 146 freefax: 1800 024 831
prosUPER@prosUPER.com.au – www.prosUPER.com.au

Trustee Details

Fund Trustee (s): _____

A.C.N.: _____ / _____ / _____

Trustees/Directors #1: _____

#2: _____

#3: _____

#4: _____

Trustee Address: _____

_____ P/C _____

Employer Details

Employer #1: _____

Address: _____

_____ P/C _____

A.C.N.: _____ / _____ / _____

Please circle the Number of the Industry group that would best describe this Employer's activities:-

01 Primary Production

02 Mining

03 Merchandising

04 Building/Construction

05 Electricity, Gas, Water

06 Transport, Storage and
Communications

07 Wholesale & Retail trade

08 Finance, Insurance, Real
Estate and Business Services

09 Health, Education and
Community Services

10 Entertainment, Recreation
Personal Services & Restaurant

11 Government

Employer #2: _____

Address: _____

_____ P/C _____

A.C.N.: _____ / _____ / _____

01 Primary Production

02 Mining

03 Merchandising

04 Building/Construction

05 Electricity, Gas, Water

06 Transport, Storage and
Communications

07 Wholesale & Retail trade

08 Finance, Insurance, Real
Estate and Business Services

09 Health, Education and
Community Services

10 Entertainment, Recreation
Personal Services & Restaurant

11 Government

Member Details

Full Name: _____

Date Of Birth: .: / /

Address: _____

_____ P/C _____

Joined Fund: .: / /

Date Eligible
Service Period

Commenced: .: / /

Tax File No.: _____ - _____ - _____

Breakdown of account balance (at end of previous year) INTO:

Preserved Benefits: \$ _____

Restricted Non-Preserved: \$ _____

Unrestricted Non-Preserved: \$ _____

Total: \$ _____

Balance of Undeducted Contributions: \$ _____

**(Please Note: if the breakdown of the member's account balance is not available, we will have to treat the total balance as preserved!)*

Does the fund pay life premiums in respect of this member?

Yes

No

If "YES"

Type of cover: _____
(eg. Term Life, Whole of Life or Endowment Policy)

Sum Insured: \$ _____

Member Details

Full Name: _____

Date Of Birth: .: / /

Address: _____

_____ P/C _____

Joined Fund: .: / /

Date Eligible
Service Period

Commenced: .: / /

Tax File No.: _____ - _____ - _____

Breakdown of account balance (at end of previous year) INTO:

Preserved Benefits: \$ _____

Restricted Non-Preserved: \$ _____

Unrestricted Non-Preserved: \$ _____

Total: \$ _____

Balance of Undeducted Contributions: \$ _____

**(Please Note: if the breakdown of the member's account balance is not available, we will have to treat the total balance as preserved!)*

Does the fund pay life premiums in respect of this member?

Yes

No

If "YES"

Type of cover: _____
(eg. Term Life, Whole of Life or Endowment Policy)

Sum Insured: \$ _____

Fund Auditor

Does the fund currently have an Auditor?

Yes

No

1. (If Yes)

Firm Name: _____

Postal Address: _____

Contact Name: _____

Registration No: _____

(If Any)

Phone: _____

Fax: _____

2. Does the Auditor belong to a professional accounting body? If yes, please tick the appropriate box(es):

ASPCA

ATMA

ICA

NTAA

NIA

OTHER

3. If "NO", Do you wish us to suggest an Auditor for the Fund?

Yes

No

Current Administrator

Firm Name: _____

Postal Address: _____

Contact Name: _____

Other Information

To the best of your knowledge, is the fund currently a complying superannuation fund?

Yes

No

Has the fund lodged an Election to Become a Regulated Fund in accordance with the *Superannuation industry (Supervision) Act 1993*?

Yes

No

Has the fund developed an investment strategy to date?

Yes

No

Has the fund, within the last 2 years, received a qualified audit report?

Yes

No

If you consider that there is any other matter concerning the fund of which we should be aware and which is not addressed above, please give details:-
