

**pro-super australia Pty Ltd**A.C.N 097 625 235
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brisbane qld 4001
gpo box 26, brisbane qld 4001freecall 1800 641 146
freefax 1800 024 831
prosuper@prosuper.com.au**New Super Fund Order Form**

From:

Firm:

Phone:

e-mail:

New Fund Details**Fund Name:**

Start Date:

Corporate Trustee:

(If applicable)

A.C.N.

Trustee Street Address:

Trustee/Member Details

All individual trustees or directors of a corporate trustee must be members. All members must be directors/individual trustees. Single member funds may have a sole director corporate trustee or two directors/individual trustees, one being the member.

1. Name:

D.O.B.

Individual Trustee

Director of corporate Trustee

Member

Address:

Employer:

A.C.N.

Address:

2. Name:

D.O.B.

Individual Trustee

Director of corporate Trustee

Member

Address:

Employer:

A.C.N.

Address:

3. Name:

D.O.B.

Individual Trustee

Director of corporate Trustee

Member

Address:

Employer:

A.C.N.

Address:

4. Name:

D.O.B.

Individual Trustee

Director of corporate Trustee

Member

Address:

Employer:

A.C.N.

Address:

Payment Details if paying by credit card: Please debit the following credit card by the amount of \$

TYPE OF CARD: Visa MasterCard

CARD NUMBER: EXPIRY DATE:

NAME ON CARD: SIGNATURE: