**pro-super** australia pty ltd
A.C.N 097 625 235
level 19, 10 eagle street
brisbane qld 4001
gpo box 26
brisbane qld 4001

**freecall 1800 641 146**
**freefax 1800 024 831**
**prosuper@prosuper.com.au**

## New SMSF Order Form

From:
Firm:
Phone:
e-mail:

## FUND DETAILS

**Name of Fund:**

**Start Date:** (*if required)*

**Please choose:** ◯ Minute of Meeting
◯ Resolution

**Meeting address:** *(if required)*

**Corporate Trustee Details** *(if applicable)*

Company Name: **A.C.N.**
Reg.Office Street Address:

## ANTI MONEY LAUNDERING /CTF CONFIRMATION

**AML/CTF Confirmation**
We confirm that we have completed all required AML/CTF processes, including customer due diligence and identity verification for the parties involved in this order, and consent to Pro-Super relying on those verifications for AML/CTF purposes, including providing evidence of compliance to Pro-Super, if required.

◯ **YES** ◯ **NO**

NB. If answering "No" to AML/CTF confirmation, an additional fee of $75 per individual (trustee, director, member) will apply to this order and we will be in contact for further client details (unless a corporate trustee is also being ordered, in which case the per individual fee will be applied at company level)..

## TRUSTEE / MEMBER DETAILS

**PLEASE NOTE THE FOLLOWING:**
All members must be directors or individual trustees.
All individual trustees or directors of a corporate trustee must be members, except single member funds.
Single member funds may have a sole director corporate trustee or two directors/individual trustees, one being the member.
Funds may have a maximum of 6 members.

**1. NAME:** **D.O.B.**

**FULL LEGAL NAMES REQUIRED**

☐ Individual Trustee ☐ Director of Corporate Trustee ☐ Member

**ADDRESS:**

**RESIDENTIAL STREET ADDRESS REQUIRED**

**pro-super** australia pty ltd
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gpo box 26 brisbane qld 4001
ph: 1800 641 146

**New SMSF Order Form**
**Continued page 2/2**

## TRUSTEE / MEMBER DETAILS

**2. NAME:** _____ **D.O.B.** _____

☐ Individual Trustee ☐ Director of Corporate Trustee ☐ Member

**ADDRESS:** _____

**3. NAME:** _____ **D.O.B.** _____

☐ Individual Trustee ☐ Director of Corporate Trustee ☐ Member

**ADDRESS:** _____

**4. NAME:** _____ **D.O.B.** _____

☐ Individual Trustee ☐ Director of Corporate Trustee ☐ Member

**ADDRESS:** _____

**5. NAME:** _____ **D.O.B.** _____

☐ Individual Trustee ☐ Director of Corporate Trustee ☐ Member

**ADDRESS:** _____

**6. NAME:** _____ **D.O.B.** _____

☐ Individual Trustee ☐ Director of Corporate Trustee ☐ Member

**ADDRESS:** _____

**Payment Details if paying by credit card**
**(Visa and Mastercard accepted)**

Please debit the following credit card by the amount of $ _____

NUMBER: _____

NAME ON CARD: _____

EXPIRY DATE: _____ SECURITY: _____

SIGNATURE: _____

**Instruction Requests:**

☐ PDF copies only

☐ Hard copies and PDF copies

Other Instructions (peparation, delivery and invoicing)