

PATRICIA HOLDINGS (QLD) PTY. LTD.

ABN 67 009 935 148

ACN 009 935 148

*SHELF COMPANY FORMATIONS
COMPANY FORMATION SERVICES*

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Contact name & phone number: _____

Electronic version required: YES / NO

If yes, email address: _____

SUPERANNUATION FUND PACKAGE

Name of Superannuation Fund: _____

Date of Superannuation Fund: _____

State of Applicable Law: (please circle) QLD NSW ACT WA SA NT VIC TAS

Branch Name of Bank: _____

Name of Bank: _____

Name of Auditor of Fund: _____

Name of Administrator for the Fund: _____

Name of Accountant for the Fund: _____

Is a Product Disclosure Statement required? YES/NO

Firm Name and Address of Client: _____

Contact at Firm: _____

If the Trustee is a Company

Name and ACN: _____

Full Name of First Director: _____

Address of First Director: _____

Full Name of Second Director: _____

Address of Second Director: _____

Full Name of Third Director: _____

Address of Third Director: _____

Full Name of Fourth Director: _____

Address of Fourth Director: _____

If the Trustee(s) are individuals: (min 2, max 4)

Full Name of First Trustee: _____

Address of First Trustee: _____

Full Name of Second Trustee: _____

Address of Second Trustee: _____

cont .

Full Name of Third Trustee: _____
Address of Third Trustee: _____
Full Name of Fourth Trustee: _____
Address of Fourth Trustee: _____

Applicant Details

#1

Name of First Applicant: _____
Address of First Applicant: _____
Date of Birth of First Applicant: _____

On the establishment of the Fund, each Applicant can nominate a person(s) who will be entitled to receive the benefit payable by the trustee of the SMSF in the event of the death of the Applicant.

Name of First Beneficiary: _____
Amount of Entitlement for First Beneficiary: _____

Whilst more than one person can be nominated to receive the benefit payable by the trustee in the event of the death of the Applicant, the percentage entitlement of the total of all beneficiaries for one applicant cannot be greater than 100%. Where two beneficiaries are nominated, each beneficiary's entitlement should be expressed as 50%.

Name of Second Beneficiary: _____
Amount of Entitlement for Second Beneficiary: _____
Name of Third Beneficiary: _____
Amount of Entitlement for Third Beneficiary: _____
Name of Fourth Beneficiary: _____
Amount of Entitlement for Fourth Beneficiary: _____

#2

Name of Second Applicant: _____
Address of Second Applicant: _____
Date of Birth of Second Applicant: _____

On the establishment of the Fund, each Applicant can nominate a person(s) who will be entitled to receive the benefit payable by the trustee of the SMSF in the event of the death of the Applicant.

Name of First Beneficiary: _____
Amount of Entitlement for First Beneficiary: _____
Name of Second Beneficiary: _____
Amount of Entitlement for Second Beneficiary: _____
Name of Third Beneficiary: _____
Amount of Entitlement for Third Beneficiary: _____
Name of Fourth Beneficiary: _____
Amount of Entitlement for Fourth Beneficiary: _____

#3

Name of Third Applicant: _____

Address of Third Applicant: _____

Date of Birth of Third Applicant: _____

On the establishment of the Fund, each Applicant can nominate a person(s) who will be entitled to receive the benefit payable by the trustee of the SMSF in the event of the death of the Applicant.

Name of First Beneficiary: _____

Amount of Entitlement for First Beneficiary: _____

Name of Second Beneficiary: _____

Amount of Entitlement for Second Beneficiary: _____

Name of Third Beneficiary: _____

Amount of Entitlement for Third Beneficiary: _____

Name of Fourth Beneficiary: _____

Amount of Entitlement for Fourth Beneficiary: _____

#4

Name of Fourth Applicant: _____

Address of Fourth Applicant: _____

Date of Birth of Fourth Applicant: _____

On the establishment of the Fund, each Applicant can nominate a person(s) who will be entitled to receive the benefit payable by the trustee of the SMSF in the event of the death of the Applicant.

Name of First Beneficiary: _____

Amount of Entitlement for First Beneficiary: _____

Name of Second Beneficiary: _____

Amount of Entitlement for Second Beneficiary: _____

Name of Third Beneficiary: _____

Amount of Entitlement for Third Beneficiary: _____

Name of Fourth Beneficiary: _____

Amount of Entitlement for Fourth Beneficiary: _____

Notes for Completing this form:

Date: This should be the day on which the Trustee signs the deed.

Name of Fund: There is no prohibition on the name chosen for a Superannuation Fund. Please include the words "Superannuation Fund" at the end.

Branch Name of Bank: The Fund once established, includes a resolution whereby the trustees resolve to undertake a number of steps, one of which includes opening a bank account. In this field please enter the suburb where the branch is located ie Greenbank.

Name of Bank: Please enter the name of the banking institution ie Westpac.

Name of Auditor of Fund: At the date on which the documents are produced, it is not necessary that an auditor be appointed. If however the auditor of the Fund is known, their full name should be inserted here as it appears on their letterhead.

Name of Accountant: At the date on which the documents are produced, it is not necessary that an accountant be appointed. If however the accountant of the Fund is known, their full name should be inserted here as it appears on their letterhead.