

Please tick appropriate box

New fund — Please complete **sections 1, 2 and 4** onwards **Existing fund** — Please complete **section 3** onwards

SuperConcepts Administration Solutions (Please refer to the Financial Services Guide for further information)

iSaver[^] Essentials
 Platinum Ultimate

[^] **Please note:** the iSaver offer has mandatory account requirements. If you require further information, please check the Financial Services Guide or give our team a call.

1. NEW FUND AND ESTABLISHMENT DETAILS

Fund name

Fund GST registration required Yes No Additional charges apply for some offers.

Date of meeting

2. CORPORATE TRUSTEE

SuperConcepts can arrange the incorporation of a trustee company if required. If you would like us to arrange the incorporation, please tick the box and complete details below.

SuperConcepts to arrange incorporation of trustee company.

Preferred company name

Second preference

Please indicate which directors will be shareholders in Section 4: Trustee/Member Details, as well as the Chairman and Secretary.

Registered office address

SuperConcepts — Please select if you would like to use the SuperConcepts company secretarial and corporate trustee maintenance (ASIC Agent). Additional charges apply for some offers.

Other

Suburb State Postcode

State/territory of registration

3. EXISTING FUND INFORMATION

Fund name

Fund ABN ----- Fund TFN -----

Corporate trustee details (if applicable)

Company name

Registered office address

Company ACN ---- Company ABN (if applicable) -----

SuperConcepts can appoint ourselves as the ASIC agent for your existing trustee company. Please tick this box if you would like to use the SuperConcepts company secretarial and corporate trustee maintenance service.

SuperConcepts company secretarial and corporate trustee maintenance (ASIC Agent)
Please note: this service is only available for special purpose trustee companies

Current administrator or accountant details

Please provide details of the fund's current administrator to allow us to obtain the records and information necessary to undertake the administration of your fund.

Company name	<input type="text"/>		
Contact name	<input type="text"/>		
Postal address	<input type="text"/>		
	Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Fax	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email	<input type="text"/>		

Financial statements and reporting

The latest set of financial statements and tax return that has been audited and lodged is for the year ending 30 June

The first financial year that SuperConcepts will be completing the financial statements and tax return for is the year starting 1 July

Please note: once your application has been submitted we will provide you with a letter to sign and forward onto your previous administrator or accountant to notify them of the termination of service.

4. INDIVIDUAL DETAILS

A self managed fund is limited to four (4) members or less and generally **all** members must be Trustees as individuals or as Director/s of a Trustee Company. The first named Director will be appointed as Public Officer and Secretary where a new SMSF Trustee Company is requested.

If the fund only has one member and the Trustee is **not** a company there **must** be **one other individual Trustee**. Alternatively, where there is a **Corporate Trustee**, a **second Director** can be appointed. This person can be a relative **or** any other person who is not an employer of the member.

Please complete the Individual Details section using the full legal name of the individuals. This must match their identification documents.

INDIVIDUAL 1 (PRIMARY CONTACT)

Title	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname	<input type="text"/>			
Given name	<input type="text"/>			
Middle name	<input type="text"/>			
Date of birth	<input type="text"/>	Tax File Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
Occupation	<input type="text"/>			
Residential address	<input type="text"/>			
Postal address	<input type="text"/>			
Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email	<input type="text"/>	
Place of birth	City <input type="text"/>	State <input type="text"/>	Country	<input type="text"/>
Capacity	<input type="checkbox"/> Individual Trustee	<input type="checkbox"/> Director of Corporate Trustee	<input type="checkbox"/> Member	<input type="checkbox"/> Authorised Person*
If the fund has a Corporate Trustee	<input type="checkbox"/> Chairperson	<input type="checkbox"/> Secretary	<input type="checkbox"/> Public Officer	<input type="checkbox"/> Shareholder

Membership information

Is the member employed by any other member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, are the members related?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the member a disqualified person under superannuation laws?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the member an insolvent under administration or bankrupt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the member an Australian Resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*Please note, Authorised Person refers to someone who is a Legal Personal Representative, Parent/Guardian of a minor or validly appointed as attorney.

Nomination of beneficiaries

Please indicate which type of Death Benefit Nomination document you would like to receive in your Welcome Kit for each member.

<input type="checkbox"/> Binding Non-Lapsing	<input type="checkbox"/> Binding Lapsing	<input type="checkbox"/> Non-Binding	<input type="checkbox"/> No Nomination – (I do not wish to make a Nomination at this time)
--	--	--------------------------------------	--

INDIVIDUAL 2

Title	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname	<input type="text"/>			
Given name	<input type="text"/>			
Middle name	<input type="text"/>			
Date of birth	<input type="text"/>	Tax File Number	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>			
Residential address	<input type="text"/>			
Postal address	<input type="text"/>			
Phone	<input type="text"/>	Email	<input type="text"/>	
Place of birth	City <input type="text"/>	State <input type="text"/>	Country <input type="text"/>	
Capacity	<input type="checkbox"/> Individual Trustee	<input type="checkbox"/> Director of Corporate Trustee	<input type="checkbox"/> Member	<input type="checkbox"/> Authorised Person*
If the fund has a Corporate Trustee	<input type="checkbox"/> Chairperson	<input type="checkbox"/> Secretary	<input type="checkbox"/> Public Officer	<input type="checkbox"/> Shareholder

Membership information

Is the member employed by any other member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, are the members related?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the member a disqualified person under superannuation laws?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the member an insolvent under administration or bankrupt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the member an Australian Resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*Please note, Authorised Person refers to someone who is a Legal Personal Representative, Parent/Guardian of a minor or validly appointed as attorney.

Nomination of beneficiaries

Please indicate which type of Death Benefit Nomination document you would like to receive in your Welcome Kit for each member.

<input type="checkbox"/> Binding Non-Lapsing	<input type="checkbox"/> Binding Lapsing	<input type="checkbox"/> Non-Binding	<input type="checkbox"/> No Nomination — (I do not wish to make a Nomination at this time)
--	--	--------------------------------------	--

INDIVIDUAL 3

Title	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname	<input type="text"/>			
Given name	<input type="text"/>			
Middle name	<input type="text"/>			
Date of birth	<input type="text"/>	Tax File Number	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>			
Residential address	<input type="text"/>			
Postal address	<input type="text"/>			
Phone	<input type="text"/>	Email	<input type="text"/>	
Place of birth	City <input type="text"/>	State <input type="text"/>	Country <input type="text"/>	
Capacity	<input type="checkbox"/> Individual Trustee	<input type="checkbox"/> Director of Corporate Trustee	<input type="checkbox"/> Member	<input type="checkbox"/> Authorised Person*
If the fund has a Corporate Trustee	<input type="checkbox"/> Chairperson	<input type="checkbox"/> Secretary	<input type="checkbox"/> Public Officer	<input type="checkbox"/> Shareholder

Membership information

Is the member employed by any other member? Yes No

If yes, are the members related? Yes No

Is the member a disqualified person under superannuation laws? Yes No

Is the member an insolvent under administration or bankrupt? Yes No

Is the member an Australian Resident? Yes No

*Please note, Authorised Person refers to someone who is a Legal Personal Representative, Parent/Guardian of a minor or validly appointed as attorney.

Nomination of beneficiaries

Please indicate which type of Death Benefit Nomination document you would like to receive in your Welcome Kit for each member.

Binding Non-Lapsing Binding Lapsing Non-Binding No Nomination — (I do not wish to make a Nomination at this time)

INDIVIDUAL 4

Title **Gender** Male Female

Surname

Given name

Middle name

Date of birth **Tax File Number** --

Occupation

Residential address

Postal address

Phone **Email**

Place of birth City State Country

Capacity Individual Trustee Director of Corporate Trustee Member Authorised Person*

If the fund has a Corporate Trustee Chairperson Secretary Public Officer Shareholder

Membership information

Is the member employed by any other member? Yes No

If yes, are the members related? Yes No

Is the member a disqualified person under superannuation laws? Yes No

Is the member an insolvent under administration or bankrupt? Yes No

Is the member an Australian Resident? Yes No

*Please note, Authorised Person refers to someone who is a Legal Personal Representative, Parent/Guardian of a minor or validly appointed as attorney.

Nomination of beneficiaries

Please indicate which type of Death Benefit Nomination document you would like to receive in your Welcome Kit for each member.

Binding Non-Lapsing Binding Lapsing Non-Binding No Nomination — (I do not wish to make a Nomination at this time)

How many trustees are required to sign instructions on behalf of the fund?

Rollover assistance

SuperConcepts can help organise the transfer of your existing superannuation benefits into your Fund. Simply complete the fields below for each rollover you require assistance for. We will provide you with the rollover request documents and further instruction.

Please note: fee's apply for this service under the iSaver Solution.

New funds require the Australian Business Number (ABN) to be issued and the bank account to be opened before they can receive rollovers. Generally the ABN will be issued immediately, however if it is not, this process can be delayed by 28 days.

If you are setting up your own bank account please ensure we are advised of the account details.

TRANSFER 1

Member name	<input type="text"/>		
Fund name	<input type="text"/>		
Membership/Policy no.	<input type="text"/>	Unique Superannuation identifier (USI)	<input type="text"/>
Fund postal address	<input type="text"/>		
Full or partial rollover	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	
Estimated Value of Transfer	\$ <input type="text"/>		

TRANSFER 2

Member name	<input type="text"/>		
Fund name	<input type="text"/>		
Membership/Policy no.	<input type="text"/>	Unique Superannuation identifier (USI)	<input type="text"/>
Fund postal address	<input type="text"/>		
Full or partial rollover	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	
Estimated Value of Transfer	\$ <input type="text"/>		

TRANSFER 3

Member name	<input type="text"/>		
Fund name	<input type="text"/>		
Membership/Policy no.	<input type="text"/>	Unique Superannuation identifier (USI)	<input type="text"/>
Fund postal address	<input type="text"/>		
Full or partial rollover	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	
Estimated Value of Transfer	\$ <input type="text"/>		

TRANSFER 4

Member name	<input type="text"/>		
Fund name	<input type="text"/>		
Membership/Policy no.	<input type="text"/>	Unique Superannuation identifier (USI)	<input type="text"/>
Fund postal address	<input type="text"/>		
Full or partial rollover	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	
Estimated Value of Transfer	\$ <input type="text"/>		

5. ADMINISTRATION AND REPORTING

Fund investment strategy

Every superannuation fund is required to have a written investment strategy. We can prepare a draft written document outlining the strategy for your fund if one is not already in existence.

Please complete the minimum and maximum spread in the following asset allocation table. The spread of an asset must be 5% or greater. The sum of all Minimums must be less than or equal to 100%, and the sum of all Maximums must be greater than or equal to 100%. Issues may arise if all ranges are set 0% to 100% as this is generally not accepted by auditors as a valid strategy.

	Example	Range Min %	to	Max %
Cash & Fixed Interest	0 - 100	<input type="text"/>	to	<input type="text"/>
International Fixed interest	0 - 50	<input type="text"/>	to	<input type="text"/>
Australian Shares	0 - 50	<input type="text"/>	to	<input type="text"/>
International Shares	0 - 40	<input type="text"/>	to	<input type="text"/>
Mortgages	0 - 25	<input type="text"/>	to	<input type="text"/>
Direct Property	0 - 25	<input type="text"/>	to	<input type="text"/>
Listed Property	0 - 25	<input type="text"/>	to	<input type="text"/>
Other	0 - 25	<input type="text"/>	to	<input type="text"/>

Does this strategy need to include Derivatives? Yes No

Taxation management

Unless otherwise specified below we will calculate a realised gain so as to minimise the capital gains.

If you would like to use an alternative method, please indicate: LIFO (Last in first out) FIFO (First in first out)

Fund auditor and fund accountant (if applicable)

We will help you appoint an independent, registered SMSF auditor from our panel of auditors, unless otherwise instructed below.

Appointed auditor (only complete this section if you wish to elect your own auditor)

Company/Firm name	<input type="text"/>		
Professional body	<input type="text"/>		
ASIC Auditor Registration Number	<input type="text"/>		
Contact name	<input type="text"/>		
Postal address	<input type="text"/>		
	Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email	<input type="text"/>		

SMSF Administration Solutions Pty Ltd, trading as SuperConcepts will be appointed as the tax agent for your fund unless otherwise instructed below.

Accountant (only complete this section if you wish to elect your own Tax Agent)

Company/Firm name	<input type="text"/>		
Tax agent number (for ABN application)	<input type="text"/>		
Contact name	<input type="text"/>		
Postal address	<input type="text"/>		
	Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email	<input type="text"/>		

Bank account

As part of our service we can facilitate the establishment of a bank account for your fund. Accounts established through our service will automatically include a data feed to our platform.

Please note, if you are applying for the iSaver offer we will establish the following mandatory accounts: Macquarie Cash Management Account, Australian Money Market and Desktop Broker.

I/We request you to arrange for the opening of a bank account as follows:

Macquarie Cash Management Account

AMP Cash Management Account

Alternatively if your fund already has a bank account, please provide us with the details below:

Bank name
Account name
BSB Account number

Please confirm your operating instructions for the cash account: Any one of the trustees Any two of the trustees

Under SuperConcepts Ultimate and Platinum Solutions, SuperConcepts' authorised officers can act as an authority on the fund's bank account. Please confirm if you would like SuperConcepts authorised officers to be an authority on the fund's bank account:

Yes No

If you are applying for the Essentials, Platinum or Ultimate offers, please indicate if you would like to open the following accounts. We will include the applications in your Welcome Kit:

Australian Money Market - Term Deposits Desktop Broker - Online Broker Platform

Current broker details

Please indicate if your listed shares are:

Issuer sponsored (please provide copies of all holding statements) Or Broker sponsored (complete below)

Holder identification number
Broker name
Client number
Contact name
Postal address
Suburb State Postcode
Phone Mobile Fax
Email

6. ADVISER DETAILS

Surname
Given name
AFSL number Licensee name
Postal address
Suburb State Postcode
Phone Mobile Fax
Email
Adviser's signature X Date

The adviser listed above is authorised to issue instructions to SuperConcepts on behalf of the fund.

7. SUPERCONCEPTS DASHBOARD ACCESS

As a SuperConcepts client you will be provided with dashboard access to manage your fund on an ongoing basis.

Please confirm the email address that you would like to use to log into the dashboard. A temporary password will be issued to you separately once the fund has been established.

Email User ID

I have read, understood and accepted the Terms & Conditions set out in the SuperConcepts Financial Services Guide.

I have attached two types of primary identification documents for each individual. Primary identification documents include the following:

- Australian Passport
- Australian Drivers Licence
- Medicare card

8. FEES (prices quoted are inclusive of GST)

	Fees
New fund establishment service	<input type="checkbox"/> \$650
Corporate Trustee establishment	<input type="checkbox"/> \$990

9. PAYMENT METHODS (please indicate your preferred payment method below)

Once your application has been submitted, our team will record your details into our system and provide you with a Fund ID. This Fund ID will need to be used as your payment reference when completing your Electronic Funds Transfer:

Electronic Funds Transfer (EFT)

Account name: SMSF Administration Solutions Pty Ltd

BSB: 012003

Account number: 496317377

Payment Reference: (Please wait until we provide this to you).

Once our Finance team have confirmed that the payment has been received we will proceed with the establishment of your fund. Please give our team a call if you have any questions.

Credit Card Payment

We will arrange your payment during the on-boarding welcome call.

Please note, these upfront expenses can be reimbursed from the fund once your rollovers have been completed.

10. PRIVACY STATEMENT

SuperConcepts collects personal information from you, your nominated adviser and other (prospective) members of your SMSF.

Our main purpose in collecting personal information is to establish and/or administer your SMSF. If you do not provide the information necessary to process your application for SMSF services, then we may not be able to process it.

We may collect personal information if it is required or authorised by under the various financial services laws. If you use our services through an intermediary (such as a financial adviser, stockbroker or accountant), we will not use your information for the purposes of direct marketing without the consent of that intermediary. If you use our services directly (not through an intermediary), we may also use your personal information for related purposes, such as keeping you informed of new services or special arrangements offered or distributed by us. Again, when conducting our marketing activities, we may disclose some personal information to our service providers. You can opt out of receiving direct marketing information from us at any time.

We usually disclose information of this kind to:

- other members of the AMP group
- other members of your SMSF
- your financial planner or broker (if any)
- external service suppliers both here and overseas. A list of countries where these providers are likely to be located can be accessed via our Privacy Policy
- to Regulators such as Australian Taxation Office (ATO)
- anyone you authorise/nominate, or if required by law.

If sensitive information is collected, for example health information or membership of a professional association, additional restrictions apply. The primary purpose for collecting and holding sensitive information is to administer your SMSF's records of insurance held through your SMSF. We may disclose sensitive information to your nominated adviser or other trustees/trustee directors of your SMSF, anyone you have authorised or if required by law.

Under the SuperConcepts Privacy Policy, you may access personal information about you held by us. The SuperConcepts Privacy Policy sets out our policy on management of personal information, including information about how you can access your personal information, seek to have any corrections made on inaccurate, incomplete or out-of-date information, how you can make a complaint about privacy and information about how we deal with such complaints.

You may obtain a copy by contacting us on 1300 023 170 or visiting superconcepts.com.au/privacy

Please tick this box if you wish to opt-out of receiving direct marketing information from us.

11. DECLARATIONS AND CONSENTS

By signing below, I, on behalf of the trustees (or prospective Trustees) of the Fund:

- declare that I am authorised to make declarations on behalf of the persons (and any prospective Trustees) named in this application form;
- declare that the information completed on this Application Form is complete and to the best of my knowledge, accurate and correct. To the extent that any information is subsequently identified as incorrect or found to be omitted from this Application Form, I authorise SuperConcepts to correct any errors and complete any omissions on this Application Form, following my confirmation (either orally or in writing);
- agree that I have received the Administration Services Guide (ASG), Financial Services Guide (FSG) and accompanying documents for the products and services I have selected. I have read, understood and agree to the terms and conditions contained therein and agree that the product and services will be provided on those terms and conditions. I acknowledge that by selecting this check box I have applied for the products and services I have selected, on behalf of the trustees of my superfund.
- have read and understood the Fee Schedule applicable for the Services as stated in the ASG and/or FSG documents and consent to them being debited from my super fund's bank account
- authorise the collection, use and disclosure of my personal information for the purpose of the assessment of the application and if accepted, the management and administration of services in which I have applied. I understand that unless I consent to the collection, use and disclosure of this information, SuperConcepts will not be able to process my application or deliver the relevant Service(s);
- understand that SuperConcepts may routinely disclose my personal information to third parties such as: organisations undertaking compliance functions of SuperConcepts' information; organisations maintaining SuperConcepts' information technology system; authorised financial institutions; organisations providing mailing and printing services and my nominated representative (if applicable); and,
- accept that SuperConcepts or any of its related bodies corporate may send me information about its services from time to time. I understand that I may notify SuperConcepts of my decision not to receive further information by contacting SuperConcepts directly.

I/We acknowledge and agree that SuperConcepts (and any person appointed by SuperConcepts to act on its behalf) is appointed on the date set out below as the administrator of the fund.

I/We acknowledge that SuperConcepts will register the fund with the Australian Taxation Office for the purpose of acquiring an Australian Business Number and Tax File Number (where applicable).

I/We agree that neither I/we nor any person claiming through me/us has any claim to SuperConcepts in relation to a payment made or action taken by SuperConcepts under any of the facilities, if the payment or instruction is made in accordance with the relevant conditions and includes instructions that are later not shown to have been made by me/us.

I/We acknowledge that SuperConcepts is entitled either to cancel or change the terms and conditions of the facilities, including the replacement of the administrator, but may not do so without written notice.

I/We have read the Privacy Statement in this Application Form and agree (in my own capacity and on behalf of the persons (and any prospective Trustees) named in this application form) to the various uses and exchanges of personal information and acknowledge the right to access personal information held about me/us by SuperConcepts and its related bodies corporate.

Fund name

Trustee name

Trustee signature

Date

SUBMIT FORM

Mailing address
PO Box N316,
Grosvenor Place,
NSW 1220

Phone 1300 023 170
Email newbusiness@superconcepts.com.au
Website superconcepts.com.au



© SMSF Administration Solutions Pty Ltd ABN 76 097 695 988 (trading as SuperConcepts)

SC_NG_DASAF_20181031