



A.C.N. 079 220 901

admin@banksiacorporate.com.au  
www.banksiacorporate.com.au

71 Banksia Crescent,  
Hoppers Crossing, Vic. 3029

Telephone (03) 9734 6780  
Facsimile (03) 9734 8944

## ORDER FORM – SELF MANAGED SUPER FUND

<b>YOUR FIRM</b>					
<b>YOUR NAME</b>					
<b>DELIVERY ADDRESS</b>					
<b>DATE</b>		<b>PHONE NO.</b>		<b>FAX NO.</b>	

<b>REGISTER COMPLETE WITH DIVIDERS?</b> Yes/No	<b>ADDITIONAL COPY OF DEED?</b> Yes/No (3 provided)
--	---

<b>NAME OF SUPER FUND</b>	
<b>REGISTERED OFFICE</b>	
<b>LAWS OF WHICH STATE/TERRITORY APPLY TO THIS DOCUMENT?</b>	

### TRUSTEE(S)

<b>TRUSTEE'S NAME (1<sup>ST</sup>)</b>	
<b>TRUSTEE'S A.C.N. (if any)</b>	
<b>FULL NAME OF DIRECTOR OF CORPORATE TRUSTEE WHO IS NOT A MEMBER OF THE FUND (IF RELEVANT)</b>	
<b>TRUSTEE'S ADDRESS</b>	

<b>TRUSTEE'S NAME (2<sup>ND</sup>)</b>	
<b>TRUSTEE'S ADDRESS</b>	

<b>TRUSTEE'S NAME (3<sup>RD</sup>)</b>	
<b>TRUSTEE'S ADDRESS</b>	

<b>TRUSTEE'S NAME (4<sup>TH</sup>)</b>	
<b>TRUSTEE'S ADDRESS</b>	

# ORDER FORM – SELF MANAGED SUPER FUND (CONTINUED)

## MEMBERS

<b>FIRST MEMBER</b>	
<b>DATE OF BIRTH</b>	
<b>ADDRESS</b>	

<b>SECOND MEMBER</b>	
<b>DATE OF BIRTH</b>	
<b>ADDRESS</b>	

<b>THIRD MEMBER</b>	
<b>DATE OF BIRTH</b>	
<b>ADDRESS</b>	

<b>FOURTH MEMBER</b>	
<b>DATE OF BIRTH</b>	
<b>ADDRESS</b>	

<b>PLEASE INDICATE</b>	<b>Deeds Only (In Triplicate)      YES/NO</b>
	<b>Deeds In Triplicate with Complete Register      YES/NO</b>

If you prefer to use your credit card, please fill in below. Please fax or mail this order form to us.      Amount      \$.....

- Mastercard      Credit Card No. .... Expiry Date: .....
- Visa      Cardholder's Name (Please Print) .....
- Cardholder's Signature .....