

APPLICATION FOR SMSF ADMINISTRATION SERVICES - \$1,200 (INCL. GST)**

** As a suggestion, clients have the option of either prepaying the base fee of \$1,200, or entering a direct debit arrangement of \$100 per month.

(Please print, complete, sign, scan and send back to our office)

FUND INFORMATION
Fund Name:
Street Address:
Suburb:
State:
Post Code:
Fund Establishment Date:

TRUSTEE INFORMATION
Important Note
All members must be trustees, and all trustees must be members, except in a single member fund where a second individual must be appointed as another trustee (This person cannot be the member's employer).
* Street Address must be a physical street address and not a PO Box.

	1 st Member	2 nd Member	3 rd Member	4 th Member
	(Primary Contact)			
Title: (e.g. Mr)				
First name:				
Last name:				
Email:				
Street Address:*				
Suburb:				
State:				
Post code:				
Contact Number				
Birth date:				
Tax File Number:				
SUPERANNUATION INFORMATION				
Eligible Service Period: **				
Tax Resident of Australia?	Yes / No	Yes / No	Yes / No	Yes / No
EMPLOYMENT INFORMATION				
Current Status (Please circle one)	Employed / Retired / Non working spouse	Employed / Retired / Non working spouse	Employed / Retired / Non working spouse	Employed / Retired / Non working spouse
Employer Contribution	Yes / No	Yes / No	Yes / No	Yes / No

Hours employed each week (please circle one)	< 10 hours; or 10-29 hours; or > 30 hours	< 10 hours; or 10-29 hours; or > 30 hours	< 10 hours; or 10-29 hours; or > 30 hours	< 10 hours; or 10-29 hours; or > 30 hours
--	---	---	---	---

**** Eligible Service Period** refers to the date when you first commenced working. This information can be found on the superannuation rollover form from your employer. Leave blank if unsure.

PAYMENT OPTION – (A) PREPAYMENT

1. Cheque Payment

Please make your cheque payable to: "SATO SMSF Administration".

You can send us your cheque or money order, together with the application form, by mail to our postal address.

PO Box 117
Moonee Ponds VIC 3039

Please note the name of your fund as the REFERENCE.

2. Electronic Funds Transfer

Account Name: SATO SMSF Administration

BSB: 06 3139 Account Number: 1028 3860 (Commonwealth Bank)

Please note the name of your fund as the REFERENCE.

3. Credit Card Payment

If you wish to pay by credit card, please note that we accept the following credit cards: VISA and Master card.

Date Paid: _____

Cardholder Name: _____

Card Type (please circle one): Visa or MasterCard

Card Number: _____

Expiry Date: __ / __ Credit Card Security Number:* __ __

Signature: _____

*The Card Verification Value (CVV) is an extra code printed on your debit or credit card. CVV for VISA or Master card is the final three digits of the number printed on the signature strip on the back of your card. CVV is an anti-fraud measure introduced by financial institutions.

PAYMENT OPTION – (B) DIRECT DEBIT ARRANGEMENT

1. Bank Account Details

Account Name: _____

BSB: _____ Account Number: _____

Card Type (please circle one): Savings or Cheque or Cash Management Trust

Expiry Date: ____ / ____

Signature: _____

Fill in the application form with your debit / credit card details, scan and email to:
info@satosmsfadministration.com.au

