

## APPLICATION FOR FUND ESTABLISHMENT WITH CORPORATE TRUSTEE - \$1,320 (INCL. GST)

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

<b>CORPORATE TRUSTEE (COMPANY) INFORMATION</b>
Company Name:
Street Address: *
Suburb:
State:
Post Code:
Date of Incorporation:

<b>FUND INFORMATION</b>
Fund Name:
Street Address: *
Suburb:
State:
Post Code:
Fund Establishment Date:

<b>DIRECTOR INFORMATION</b>
<b>Important Note</b>
All members must be directors, and all directors must be members. Single member funds do not have to appoint a second director.
* Street Address must be a physical street address and not a PO Box.

	<b>1<sup>st</sup> Director</b>	<b>2<sup>nd</sup> Director</b>	<b>3<sup>rd</sup> Director</b>	<b>4<sup>th</sup> Director</b>
	(Primary Contact)			
Title: (e.g. Mr)				
First name:				
Last name:				
Email:				
Street Address:*				
Suburb:				
State:				
Post code:				
Contact Number				
Birth date:				

<b>SUPERANNUATION INFORMATION</b>				
Tax Resident of Australia?	Yes / No	Yes / No	Yes / No	Yes / No

<b>EMPLOYMENT INFORMATION</b>				
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

## PAYMENT OPTIONS

### 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

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: \_\_\_\_\_

Fill in the application form with your credit card details, scan and email to:  
[info@satosmsfadministration.com.au](mailto:info@satosmsfadministration.com.au)

\*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.