**APPLICATION FOR ANNUAL FUND AUDIT – BASE FEE $330 (INCL. GST)**

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

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

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| **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. |

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|  | **1st Member** | **2nd Member** | **3rd Member** | **4th 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; or10-29 hours; or> 30 hours | < 10 hours; or10-29 hours; or> 30 hours | < 10 hours; or10-29 hours; or> 30 hours | < 10 hours; or10-29 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 OPTIONS**

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| 1. Cheque Payment
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| 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 117Moonee Ponds VIC 3039Please note the name of your fund as the REFERENCE. |
| 1. Electronic Funds Transfer
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| Account Name: SATO SMSF AdministrationBSB: 06 3139 Account Number: 1028 3860 (Commonwealth Bank)Please note the name of your fund as the REFERENCE. |
| 1. Credit Card Payment
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| 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 MasterCardCard 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 |
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| \*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. |