



Super Admin Solutions
ACN 100 144 910

Application for New Superannuation Fund

2. Fund Details

Fund Name:

Date of Establishment:

Type of Fund: (Please circle one) Lump Sum OR Pension

3. Trustee Details

(a) Name:

A.C.N. (If Corporate Trustee):

Directors (where applicable: please list all directors)

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(b) Name:

A.C.N. (If Corporate Trustee):

Directors (where applicable: please list all directors)

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(IF THERE ARE MORE THAN 2 TRUSTEES PLEASE ATTACH DETAILS)

4. Member Details

Full Name	Full Address Birth	Class of	Occupation	Date of Membership
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If benefits are to be fully vested, for "Class of Membership", write "Fully Vested".

5. Employer Details (When applicable)

Employer No. 1

Name:

A.C.N. (If Company)

If Employer is a trust, include details of trustee (name, ACN and directors)

Directors (where applicable: only two required)

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Employer No. 2

Name:

A.C.N. (If Company)

If Employer is a trust, include details of trustee (name, ACN and directors)

Directors (where applicable: only two required)

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(IF THERE ARE MORE THAN 2 EMPLOYERS PLEASE ATTACH DETAILS)

DATED the day of 200 .

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Signature of Applicant Signature of Applicant