

SUPER FUND ORDER FORM

Name of Fund	Superannuation Fund		
Commencement date			
Parties to the Deed			
Party 1 - Name		ACN	
Party 1 - Address			
Party 1 - role(s)	<input type="checkbox"/> Trustee	<input type="checkbox"/> Member	Date of birth
Party 2 - Name		ACN	
Party 2 - Address			
Party 2 - role(s)	<input type="checkbox"/> Trustee	<input type="checkbox"/> Member	Date of birth
Party 3 - Name		ACN	
Party 3 - Address			
Party 3 - role(s)	<input type="checkbox"/> Trustee	<input type="checkbox"/> Member	Date of birth
Party 4 - Name		ACN	
Party 4 - Address			
Party 4 - role(s)	<input type="checkbox"/> Trustee	<input type="checkbox"/> Member	Date of birth
For individual trustees: Is there any reason, legal or other, which would disqualify the applicant from acting as trustee?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Deliver to (street address)			

INFORMATION TO COMPLETE ATO REGISTRATION FORM

<input type="checkbox"/> Please apply for the TFN and ABN online	<input type="checkbox"/> Please supply the paper version for the TFN and ABN application
Where do you want the ATO to send correspondence? [Street or postal address]	<input type="checkbox"/> To the home of the member(s)
	<input type="checkbox"/> To the accounting firm of the member(s)
	<input type="checkbox"/> To another address, details being:-
The address to be shown as the business address of the fund [Street address only]	<input type="checkbox"/> At the home of the member(s)
	<input type="checkbox"/> At the accounting firm of the member(s)
	<input type="checkbox"/> Another address, details being:-
Who do you want the ATO to telephone if they have any queries?	<input type="checkbox"/> The first-named member <input type="checkbox"/> The second-named member <input type="checkbox"/> The accounting firm of the member Contact is <input type="checkbox"/> Other
What are the normal contact details during business hours for the person nominated above?	Telephone
	Facsimile
	Email
If using a tax agent as contact person	Tax agent's registration number
If you want to use the ATO's internet-based e-commerce system, please advise	<input type="checkbox"/> Yes (please advise email below) <input type="checkbox"/> No
	Email address:
The trustee's tax file number is: [Optional]	
The tax file number for each member	Name
[Optional]	Name
	Name
	Name

We will assume that the fund is not applying for GST registration at this stage. If that assumption is incorrect, please complete the section below: -

What will be the annual turnover	To \$49,999	\$50,000-\$99,999	\$100,000 - \$1m
Do you wish to lodge your activity statement -	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
Accounting method	<input type="checkbox"/> Cash		<input type="checkbox"/> Accrual

Please note that, subject to other instructions received and advice provided, these requirements will be incorporated into the Pointon Partners standard superannuation deed.

Pointon Partners

