K E E L I N S
LAWYERS

Instructions to establish a new

SELF-MANAGED SUPERANNUATION FUND

To: Keelins Lawyers
4/459 Little Collins St, Melbourne VIC 3000
Facsimile (03) 9252 0699

Please prepare the documentation necessary to establish the following fund:

NAME OF FUND: The Fund

CORPORATE TRUSTEE: (*if applicable*)
Full name of company:
ACN:
Address:
Names of directors:

MEMBERS (AND TRUSTEES IF INDIVIDUAL TRUSTEES) (*maximum of four*)

MEMBER 1:
Full name:
Address:

MEMBER 2:
Full name:
Address:

MEMBER 3:
Full name:
Address:

MEMBER 4:
Full name:
Address:

IF ONLY 1 MEMBER AND INDIVIDUAL TRUSTEES – NAME OF 2ND TRUSTEE
(*must be a relative of , but not an employee of , the sole member*)
Full name:
Address:

DOCUMENTS TO BE SENT VIA (select one): Post: ☐ **Email:** ☐ **TO:**
Name:
Firm:
Address:
Telephone:
Facsimile:
Email:

PLEASE CHARGE THE FOLLOWING CREDIT CARD:
Card type: Visa: ☐ Mastercard: ☐ Amex: ☐
Card number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry date: ___ / ____
Name on card: Card holder signature: