

REQUEST TO ESTABLISH A SELF-MANAGED SUPERANNUATION FUND (SMSF) FORM

The Service

Our SMSF establishment only service includes everything you need to get your SMSF up and running and includes:

- SMSF Trust Deed
- Member packs (including application form, pro-forma Product Disclosure Statements (PDS) and binding death nomination (BDBN) forms and
- Relevant letter, minutes, and templates (including a sample fund investment strategy)
- Application to the Australian Taxation Office (ATO) to register the Fund for an ABN and TFN (if required)

If you require a sole purpose SMSF trustee company to be incorporated, we can facilitate this process for you, by simply complete the relevant sections on the application form and pay the additional fee for establishing the company.

If you require annual accounting, regulatory and ATO compliance services, please visit www.hamiltonreid.com.au

Applying for this service

Please return your completed form

- By mail: Hamilton Reid, PO Box 1132, Camberwell, VIC 3124
- By email: info@hamiltonreid.com.au

If you have any question, please contact us on 03 9088 5998

SECTION A: Fund Details

Superannuation Fund Name

Fund Address

Fund Establishment Date

State of registration

Please indicate if require Hamilton Reid to complete the below application for your Fund

☐ ABN

☐ TFN

☐ GST

SECTION B: Fund Trustee Details

☐ Individual Trustee/s – go to **section E**

☐ Existing Trustee Company – go to **section C**

☐ New Trustee Company – go to **section D**

SECTION C: Existing Fund Trustee Company Details

Company Name

ACN

Please attached a copy of current ASIC company statement to confirm director(s) and registered office details

☐ go to **section E**

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SECTION D: New Sole Purpose SMSF Trustee Company Details

Please **do not** use this service if you wish to order a company for purposes other than being a trustee of a SMSF

- It is your responsibility to ensure that your company name does not conflict with any existing company name, business name, trademark, or domain name. Please refer to the ASIC check name availability search and to IP Australia's trademark on-line search system for assistance
- If the preferred company name is identical to that of an Australian registered business and the owner(s) of that business is one of the directors below, the business number and registered state must be supplied to complete incorporation
- The company will be registered with ASIC as a sole purpose SMSF Trustee company
- A company seal will not be issued (not required under the Corporations Act 2001)
- Each person must provide their written consent to act as a Director and Shareholder prior to appointment (provided for on this Order Form)

Preferred company name

Alternate preferred name

Registered business number

State of registration

Registered office address

Name of occupier

Principal business address

By signing, each person nominated in **section E**, consents to act as Director of the Sole Purpose SMSF Trustee Company

SECTION E: Fund Structure

A self-managed superannuation fund (SMSF) is limited to six (6) members or less and all members must be Trustee as individual or as Director(s) of a trustee company. The first named director will be appointed as public officer and Secretary where a new SMSF trustee company is requested.

If the fund has only one member and the Trustee is not a company, there must be one other individual Trustee. Alternatively, where there is a corporate Trustee, a second director can be appointed. This person can be a relative or any other person who is not an employer of the member.

Member/Trustee or Director 1

Capacity

☐

Individual Trustee

☐

Director of Trustee Company

Director Identification Number (DIN)

Fund Member

☐

Yes

☐

No

Name

Residential address

Phone

Email

Tax File Number

Date of Birth (DD/MM/YYYY)

City, State & Country of Birth

Signature

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Member/Trustee or Director 2 (optional)

Capacity ☐ Individual Trustee ☐ Director of Trustee Company

Director Identification Number (DIN)

Fund Member ☐ Yes ☐ No

Name

Residential address

Phone

Email

Tax File Number

Date of Birth (DD/MM/YYYY)

City, State & Country of Birth

Signature

Member/Trustee or Director 3 (optional)

Capacity ☐ Individual Trustee ☐ Director of Trustee Company

Director Identification Number (DIN)

Fund Member ☐ Yes ☐ No

Name

Residential address

Phone

Email

Tax File Number

Date of Birth (DD/MM/YYYY)

City, State & Country of Birth

Signature

Member/Trustee or Director 4 (optional)

Capacity ☐ Individual Trustee ☐ Director of Trustee Company

Director Identification Number (DIN)

Fund Member ☐ Yes ☐ No

Name

Residential address

Phone

Email

Tax File Number

Date of Birth (DD/MM/YYYY)

City, State & Country of Birth

Signature

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Member/Trustee or Director 5 (optional)

Capacity ☐ Individual Trustee ☐ Director of Trustee Company

Director Identification Number (DIN)

Fund Member ☐ Yes ☐ No

Name

Residential address

Phone

Email

Tax File Number

Date of Birth (DD/MM/YYYY)

City, State & Country of Birth

Signature

Member/Trustee or Director 6 (optional)

Capacity ☐ Individual Trustee ☐ Director of Trustee Company

Director Identification Number (DIN)

Fund Member ☐ Yes ☐ No

Name

Residential address

Phone

Email

Tax File Number

Date of Birth (DD/MM/YYYY)

City, State & Country of Birth

Signature

SECTION F: Price Agreement

Please accept this as my/our formal instruction to establish the above SMSF and, if applicable, the Corporate Trustee Company.

We understand and accept that this payment is non-refundable if the establishment is unsuccessful due to any circumstances referenced in paragraphs 6 and 7 of the accepted declarations or any circumstances beyond Hamilton Reid's control.

Section G: Payment Details

Please note we require payment upfront before proceeding with request.

This SMSF formation expense can be reimbursed from the Fund

☐ **Cheque** – please enclose a cheque made payable to **Hamilton Reid**

☐ **Credit card payment** – we will call you once you have submitted the application to arrange payment over the phone.

☐ **Electronic Fund Transfer (EFT)** – please provide a copy of the payment confirmation

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Section H: Primary Contact Details

These details will be used for all correspondence, contact, delivery, and billing purposes

☐ Trustee ☐ Nominated representative e.g., Adviser (please specify)

Name

Company

Email

Address

Section I: Checklist

Before submitting your application, please ensure you have:

☐ Attached a copy of the current ASIC statement (if you answered “Existing Trustee Company” in section C)

☐ Completed all trustee and member details, including signatures, if you are establishing a new sole purpose trustee company (refer to section D and E)

☐ Included payment details (refer to section G)

Important note: providing incomplete details will delay the processing of your application. Please ensure that you have completed all relevant sections and provided all additional information where required.

Section J: Declaration

By signing the below, I, on behalf of the trustee(or prospective trustee) of the fund, declare that:

1. I have decided to establish a self-managed superannuation fund (Fund).
2. I acknowledge that:
 - a) Hamilton Reid does not hold a financial services license; and
 - b) Accordingly, Hamilton Reid is generally prohibited from providing me with any recommendation or opinion intended to influence my decisions regarding self-managed superannuation, including the establishment, contribution to, or withdrawal of benefits from an SMSF or any investment decisions by an SMSF trustee (Financial Advice).
3. Any advice provided to me by Hamilton Reid regarding self-managed superannuation has been of a general, factual nature only and is not intended to address my specific circumstances.
4. Hamilton Reid has not provided me with any Financial Advice regarding the Fund, including but not limited to:
 - a) Whether I should establish the Fund;
 - b) Any decision to contribute to or withdraw a benefit from the Fund; or
 - c) Any investment decision by a trustee of the Fund.
5. I understand that:
 - a) If I instruct the Firm to establish the Fund, the Firm is obliged to do so in accordance with my instructions, even if the Firm believes those instructions may not be in my best interest; and
 - b) If I request the Firm to provide administration services for the Fund, the Firm will be unable to provide Financial Advice in the course of delivering those services.
6. We declare that we have researched and understood the legal regulations and responsibilities involved and confirm that we are not prohibited under legislation or other orders from holding the position of trustee of a regulated self-managed superannuation fund or the position of director of a corporate trustee.
7. We understand and accept that Hamilton Reid will not be legally or financially responsible for any delays in the establishment of the Fund or for any rejection by regulators, provided that such issues arise from circumstances beyond Hamilton Reid's responsibility or control under this establishment request, whether concerning the superannuation fund or the corporate trustee.

Signature

Signature of the person submitting this form

Name

Name of the person submitting this form

Date of Signature (DD/MM/YYYY)