

## **SMSF APPLICATION FORM**

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Proposed fund name		200000000000000000000000000000000000000	
Mailing address			
risors Name: (if applicable)			
Contact Name:			·
Phone (W):	The state of the s	Phone (H):	
Fax:		Mobile:	
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MEMBER AND/OR INDIVIDUAL	TRUSTEES		
Title		Title	
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Please fax, email or post completed SMSF Application form to;

Post: Envoy Super, PO Box 67, Glass House Mtns QLD 4518

Email: admin@envoysuper.com.au

Fax: (07) 54 969 796

## **FUND ESTABLISHMENT**

The following documents are compiled into A permanent folder For the trustee:

- Summary of trustee's obligations
- **Solution** Two bound copies of trust deed (issued by national legal firm)
- One unbound copy of trust deed
- Application to register for the new tax system
- ATO original advices for TFN, ABN, and Regulation
- Member application(as)
- Product Disclosure Statement for new member(as)
- Trustee's declaration and consent to act form
- Employer's application form if applicable
- Proposed roll-over form
- Minutes of inaugural meeting
- Pro-forma investment strategy
- Frn Declarations forms, if applicable

