

CLIENT CODE:	
STAFF:	
DATE:	

**INFORMATION COLLECTION FOR FORMATION OF  
SELF-MANAGED SUPERANNUATION FUND (SMSF)**

1. Proposed Name of Superannuation Fund: \_\_\_\_\_
2. From what date do you want the fund to exist? \_\_\_\_\_
3. Who is establishing the fund?
  - a) Full Name: \_\_\_\_\_
  - b) Address: \_\_\_\_\_  
\_\_\_\_\_
  - c) Telephone number: \_\_\_\_\_
  - d) If Company (ACN): \_\_\_\_\_
  - e) Is this person or entity an employer of any member of the fund?  No  Yes
4. How many members will the fund have when it starts? \_\_\_\_\_
5. Will the trustee be a corporation?  No  Yes - How many directors? \_\_\_\_\_ )

**Members**

6. Member 1
  - a) Full Name: \_\_\_\_\_
  - b) Date of Birth: \_\_\_\_\_
  - c) Place of Birth: \_\_\_\_\_
  - d) Address: \_\_\_\_\_  
\_\_\_\_\_
  - e) Occupation: \_\_\_\_\_
  - f) TFN (optional) \_\_\_\_\_

g) Beneficiary Details:

<u>Full Name</u>	<u>Relationship</u>	Percentage of benefit (total 100)

**7. Member 2**

- a) Full Name: \_\_\_\_\_
- b) Date of Birth: \_\_\_\_\_
- c) Place of Birth: \_\_\_\_\_
- d) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e) Occupation: \_\_\_\_\_
- f) TFN (optional) \_\_\_\_\_

**g) Beneficiary Details:**

<u>Full Name</u>	<u>Relationship</u>	Percentage of benefit (total 100)

**8. Member 3**

- a) Full Name: \_\_\_\_\_
- b) Date of Birth: \_\_\_\_\_
- c) Place of Birth: \_\_\_\_\_
- d) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e) Occupation: \_\_\_\_\_
- f) TFN (optional) \_\_\_\_\_

**g) Beneficiary Details:**

<u>Full Name</u>	<u>Relationship</u>	Percentage of benefit (total 100)

9. Member 4

- a) Full Name: \_\_\_\_\_
- b) Date of Birth: \_\_\_\_\_
- c) Place of Birth: \_\_\_\_\_
- d) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e) Occupation: \_\_\_\_\_
- f) TFN (optional) \_\_\_\_\_

g) Beneficiary Details:

<u>Full Name</u>	<u>Relationship</u>	Percentage of benefit (total 100)

10. Confirm if the trustees do not employ any of the others but if they do, they are related by family.

- Does not employ any of the others
- Does employ the others but is related by family

**ABN application**

11. Do they need an ABN?       Yes       No – end of questions

12. Do they need a TFN?       Yes       No

GST Registration

13. Do they need to be registered for GST?       Yes       No – end of questions.

If yes; what is the start date for GST registration? \_\_\_\_\_

14. What is their turnover?       \$0 - \$75,000 (if yes, they do not need to register for GST but they can apply for voluntary GST registration)

\$75,000 - \$100,000       \$100,000 - \$1,000,000       \$1,000,001 - \$19,999,999       \$20,000,000+

15. What reporting basis?       Cash       Accruals

16. How often will you lodge activity statements?       Monthly       Quarterly       Annually

**EXTRA MEMBERS**

**Member 5**

- a) Full Name: \_\_\_\_\_
- b) Date of Birth: \_\_\_\_\_
- c) Place of Birth: \_\_\_\_\_
- d) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e) Occupation: \_\_\_\_\_
- f) TFN (optional) \_\_\_\_\_

**g) Beneficiary Details:**

<u>Full Name</u>	<u>Relationship</u>	Percentage of benefit (total 100)

**Member 6**

- a) Full Name: \_\_\_\_\_
- b) Date of Birth: \_\_\_\_\_
- c) Place of Birth: \_\_\_\_\_
- d) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e) Occupation: \_\_\_\_\_
- f) TFN (optional) \_\_\_\_\_

**g) Beneficiary Details:**

<u>Full Name</u>	<u>Relationship</u>	Percentage of benefit (total 100)

Member 7

- a) Full Name: \_\_\_\_\_
- b) Date of Birth: \_\_\_\_\_
- c) Place of Birth: \_\_\_\_\_
- d) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e) Occupation: \_\_\_\_\_
- f) TFN (optional) \_\_\_\_\_

g) Beneficiary Details:

<u>Full Name</u>	<u>Relationship</u>	Percentage of benefit (total 100)

Member 8

- a) Full Name: \_\_\_\_\_
- b) Date of Birth: \_\_\_\_\_
- c) Place of Birth: \_\_\_\_\_
- d) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e) Occupation: \_\_\_\_\_
- f) TFN (optional) \_\_\_\_\_

g) Beneficiary Details:

<u>Full Name</u>	<u>Relationship</u>	Percentage of benefit (total 100)