

SMSF Instruction Form

Fax/Email this form to:
 Fax: +61 8 6214 3999 Email: admin@mercia.net.au
 Or Call us on:
 Tel: +61 8 6214 3900



www.mercia.net.au

MEMBER ONE INFORMATION	
Your Full Name: First, Middle Last in CAPITALS	
Date of Birth	
Residential Address	
Tax File Number:	
Current superannuation fund name (if any), policy number, address:	1.Name: _____ 2.Policy No: _____ 3 Address: _____ Postcode: _____ State: _____
Do you currently have insurance in your superannuation Fund Yes or No:	_____
Do you want a binding death benefit nomination? Many do not but you should read more to understand what it is < Learn More Here > Please say Yes or No or <ask a question?>	_____
Other persons names to be members of the superfund There are restrictions on who can be a member of the fund.	
MEMBER TWO INFORMATION	
Enter whether this member is your Spouse/Parent/Child/Brother/Sister/Other <relative*>	
Full Name First, Middle last in CAPITALS	
Date of Birth	
Residential Address	
Tax File Number:	
Current superannuation fund name (if any), policy number, address:	1.Name: _____ 2.Policy No: _____ 3 Address: _____ Postcode: _____ State: _____
Do you currently have insurance in your superannuation Fund Yes or No:	_____
Do you want a binding death benefit nomination? Many do not but you should read more to understand what it is < Learn More Here > Please say Yes or No or <ask a question?>	_____

MEMBER THREE INFORMATION

Enter whether this member is your Spouse/Parent/Child/Brother/Sister/Other <relative>	
Full Name First, Middle last in CAPITALS	
Date of Birth	
Residential Address	
Tax File Number:	
Current superannuation fund name (if any), policy number, address:	1.Name: _____ 2.Policy No: _____ 3 Address: _____ Postcode: _____ State: _____
Do you currently have insurance in your superannuation Fund Yes or No:	_____
Do you want a binding death benefit nomination? Many do not but you should read more to understand what it is < Learn More Here > Please say Yes or No or <ask a question?>	_____

MEMBER FOUR INFORMATION

Enter whether this member is your Spouse/Parent/Child/Brother/ Sister/Other <relative>	
Full Name First, Middle last in CAPITALS	
Date of Birth	
Residential Address	
Tax File Number:	
Current superannuation fund name (if any), policy number, address:	1.Name: _____ 2.Policy No: _____ 3 Address: _____ Postcode: _____ State: _____
Do you currently have insurance in your superannuation Fund Yes or No:	
Do you want a binding death benefit nomination? Many do not but you should read more to understand what it is < Learn More Here > Please say Yes or No or <ask a question?>	_____

**To qualify as a SMSF your Super SMSF must have a trustee
you have 2 choices:**

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<ol style="list-style-type: none"> 1. The members can be the trustees there is no additional cost for this <i>please enter option A</i>; or 2. A company acts as trustee and the members become the directors, additional cost (see company formation fees), please enter option B. 	<p>Option: _____</p> <p>If you select Option B, then we will create the Company and Trust as Your Surname Pty Ltd as trustee for the (your initials)-Super Fund, for example my Name is Richard Philip Lambe so it would be “Lambe Pty Ltd as trustee for the Lambe Super Fund”Where the company name has already been used we will use a variation of it.</p>
<p>If you want your Superfund to borrow for example to purchase property, then we will create the Company and Trust as Your Surname Pty Ltd as trustee for the (your initials)-Investment Trust, for example my Name is Richard Philip Lambe so it would be “Lambe Pty Ltd as trustee for the RPL-Investment Trust”</p>	
<p>Employer Details</p>	<p>Name: _____</p> <p>A.C.N. number _____ (if known)</p> <p>Address: _____</p> <p>_____Which members does the employer provide super for? (1,2,3 or 4) _____.</p>

***Relative** means a spouse, former spouse, parent, child, grandparent, sibling (brother/sister), aunt, uncle, great-aunt/uncle, nephew, niece, first or second cousin.