



CAVENDISH ONLINE AND ANNUAL SMSF SET UP AND ADMINISTRATION

FUND DETAILS

Name of proposed fund

Contact name

Postal address
(for all correspondence)

Suburb State Postcode

Contact numbers

Work () Home () Mobile

Fax () Email

Fund GST registration required Yes ☐ No ☐

QROPS registration required Yes ☐ No ☐ (required for UK pension transfers only)

Will Cavendish undertake the ongoing compliance administration for the fund? Yes ☐ No ☐

Which administration service will the fund be using? Online ☐ Annual ☐

TRUSTEE DETAILS

Corporate ☐ (Complete Sections A and B)

Individual ☐ (Complete Section B only)

A. CORPORATE TRUSTEE

Existing company Yes ☐ Complete **EXISTING COMPANY** section
No ☐ Complete **NEW COMPANY** section

EXISTING COMPANY

Company name

ACN

Is Cavendish to provide a Corporate Maintenance Service?

(only available if Cavendish undertakes ongoing compliance administration for the fund)

Yes ☐ (Cavendish will be registered address)

No ☐ Registered office/address

Suburb State Postcode

State/Territory of registration

NEW COMPANY (All companies will be established as Special Purpose Companies)*

Proposed names 1.
(In order of preference) 2.
3.

*Special Purpose Superannuation Trustee Company

The sole purpose of this company is to act as a trustee of a regulated superannuation fund within the meaning of s19 of the *Superannuation Industry (Supervision) Act 1993*. The company's constitution must have a clause prohibiting the company from distributing income or property to its members. This type of company is entitled to a discounted annual lodgement fee.

CAVENDISH ONLINE AND ANNUAL SMSF SET UP AND ADMINISTRATION
(continued)

A. CORPORATE TRUSTEE (continued)

Is Cavendish to provide a Corporate Maintenance Service?

(only available if Cavendish undertakes ongoing compliance administration for the fund)

Yes ☐ (Cavendish will be registered address)

No ☐ Registered office/address

Suburb

State

Postcode

State/Territory of registration

Certification

I, being a proposed Director listed below, acknowledge and certify that all proposed officers and members listed hereafter have consented to their appointment by way of signed consent and hereby appoint Cavendish to sign the Application for Registration of this company as agent on our behalf.

Name

Signed

Date

DD / MM / YYYY

B. APPLICANT DETAILS

(Full legal names – fill out details for all persons concerned)

Applicant 1 Title

Surname

First name

Other/middle names

Date of birth

DD / MM / YYYY

Address

(Not PO Box)

Suburb

State

Postcode

Fund member

Yes ☐ No ☐ TFN

Pension payment required

Yes ☐ No ☐

Rollover existing superannuation (please attach most recent benefit statement)

Yes ☐ No ☐

Superannuation provider

Account no.

If establishing a new company

Birth place

City

State

Company role ☐ Chairperson ☐ Secretary

Number of shares

If this field is left blank, each proposed director will be allocated one (1) share each

Applicant 2 Title

Surname

First name

Other/middle names

Date of birth

DD / MM / YYYY

Address

(Not PO Box)

Suburb

State

Postcode

Fund member

Yes ☐ No ☐ TFN

Pension payment required

Yes ☐ No ☐

Rollover existing superannuation (please attach most recent benefit statement)

Yes ☐ No ☐

CAVENDISH ONLINE AND ANNUAL SMSF SET UP AND ADMINISTRATION
(continued)

B. APPLICANT DETAILS (continued)

(Full legal names – fill out details for all persons concerned)

Superannuation provider Account no.

If establishing a new company

Birth place City State

Company role ☐ Chairperson ☐ Secretary Number of shares

If this field is left blank, each proposed director will be allocated one (1) share each

Applicant 3 Title Surname First name

Other/middle names Date of birth DD / MM / YYYY

Address

(Not PO Box)

Suburb State Postcode

Fund member Yes ☐ No ☐ TFN

Pension payment required Yes ☐ No ☐

Rollover existing superannuation (please attach most recent benefit statement) Yes ☐ No ☐

Superannuation provider Account no.

If establishing a new company

Birth place City State

Company role ☐ Chairperson ☐ Secretary Number of shares

If this field is left blank, each proposed director will be allocated one (1) share each

Applicant 4 Title Surname First name

Other/middle names Date of birth DD / MM / YYYY

Address

(Not PO Box)

Suburb State Postcode

Fund member Yes ☐ No ☐ TFN

Pension payment required Yes ☐ No ☐

Rollover existing superannuation (please attach most recent benefit statement) Yes ☐ No ☐

Superannuation provider Account no.

If establishing a new company

Birth place City State

Company role ☐ Chairperson ☐ Secretary Number of shares

If this field is left blank, each proposed director will be allocated one (1) share each

CAVENDISH ONLINE AND ANNUAL SMSF SET UP AND ADMINISTRATION
(continued)

APPLICANT SIGNATURES

I/We acknowledge that I/we have read, understood and agreed to the Cavendish Pty Ltd terms and conditions.
I/We consent to the fees stated in the Cavendish fee schedule being debited from the fund's bank account.

APPLICANT 1

Full name
Signature Date

APPLICANT 2

Full name
Signature Date

APPLICANT 3

Full name
Signature Date

APPLICANT 4

Full name
Signature Date

ADVISER DETAILS (To be completed by the adviser)

Adviser name
Advisory firm name
Dealer group/licensee
Address

Suburb State Postcode
Contact Phone Fax
Email address

OTHER DETAILS

Please forward fund establishment documents to Adviser ☐ Trustee ☐
Will a wrap account be used? Yes ☐ No ☐
If yes, which wrap account will be used?
If yes, will all assets be held within the wrap account? Yes ☐ No ☐
Who will open the fund bank account? Adviser or trustee ☐ Cavendish ☐
If yes, what type of bank account?
Would you like Cavendish to arrange rollovers? Yes ☐ No ☐

COMPLETED APPLICATIONS CAN BE RETURNED TO:

Email: enquiries@cavendishsuper.com.au
Postal address: GPO Box 9981 Adelaide SA 5001