



ESTABLISHMENT OF SMSF WITH A CORPORATE TRUSTEE

Name of the SMSF:

(Can be name of choice but needs to end with: 'Superannuation Fund'; 'Super Fund'; 'Pension Fund'; or 'Retirement Fund'. Ideally, the word 'The' should not be included in the name)

Physical Address (not a PO Box): *The Registered Office and place of business of the new Trustee Co.*

Street Address:

Suburb/City:

State:

Postcode:

Postal Address: *If the same as Physical address; write "as above"*

Alt. Address:

Suburb/City:

State:

Postcode:

Financial Adviser: *if applicable*

Email Address:

Phone Number:

Proposed Company Name:



Check the Company name availability by clicking the ASIC logo

Will the company act solely as trustee for the super fund?

Yes

☒

No

☐

SMSF 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 (shareholders). If 'Yes' is selected it will qualify for a reduced annual ASIC levy.

Do you nominate Green Frog Super as the ASIC Agent for the company?

Yes

☐

No

☐

If Yes, a fee of \$55pa is applicable and will be the default response if left blank.

Registered Office Address:

(if left blank this will default to the Fund's Physical Address above)

Does the Company occupy the premises?

Yes

☐

No

☐

If not, who occupies the premises?

Does the Company have the occupier's consent for the premises?

Yes

☐

No

☐

CORPORATE SHAREHOLDING

Share Ownership:

(Who is to own the shares? We will assume 'directors in equal shares' if left blank)

Share Class: ORD (Ordinary shares):

If other, please specify:

No. of shares:

Price per share: \$

N.b. will assume 10 x \$1.00 shares if left blank

MEMBERS & OFFICE HOLDERS

N.b. The first Officeholder (Director 1) will default as the Chairperson and Public Officer.

Please provide a separate Email address and mobile number per person for Online Portal access.

DIRECTOR/MEMBER 1

Title ie. Mr/Ms	<input type="text"/>	D.O.B	<input type="text"/>
First Name	<input type="text"/>		
Preferred Name	<input type="text"/>		
Middle Name	<input type="text"/>		
Surname	<input type="text"/>		
TFN	<input type="text"/>		
Mobile	<input type="text"/>		
Email	<input type="text"/>		
Country of Birth	<input type="text"/>		
State of Birth	<input type="text"/>		
City of Birth	<input type="text"/>		
Director ID	<i>Required before applying for a Corporate TTEE</i> <input type="text"/>		
Residential address	<i>If different to the SMSF address</i> <input type="text"/>		
Director / Secretary:	<input type="checkbox"/>	SMSF Member:	<input type="checkbox"/>

DIRECTOR/MEMBER 2

Title ie. Mr/Ms	<input type="text"/>	D.O.B	<input type="text"/>
First Name	<input type="text"/>		
Preferred Name	<input type="text"/>		
Middle Name	<input type="text"/>		
Surname	<input type="text"/>		
TFN	<input type="text"/>		
Mobile	<input type="text"/>		
Email	<input type="text"/>		
Country of Birth	<input type="text"/>		
State of Birth	<input type="text"/>		
City of Birth	<input type="text"/>		
Director ID	<i>Required before applying for a Corporate TTEE</i> <input type="text"/>		
Residential address	<i>If different to the SMSF address</i> <input type="text"/>		
Director / Secretary:	<input type="checkbox"/>	SMSF Member:	<input type="checkbox"/>

DIRECTOR/MEMBER 3

Title ie. Mr/Ms	<input type="text"/>	D.O.B	<input type="text"/>
First Name	<input type="text"/>		
Preferred Name	<input type="text"/>		
Middle Name	<input type="text"/>		
Surname	<input type="text"/>		
TFN	<input type="text"/>		
Mobile	<input type="text"/>		
Email	<input type="text"/>		
Country of Birth	<input type="text"/>		
State of Birth	<input type="text"/>		
City of Birth	<input type="text"/>		
Director ID	<i>Required before applying for a Corporate TTEE</i> <input type="text"/>		
Residential address	<i>If different to the SMSF address</i> <input type="text"/>		
Director / Secretary:	<input type="checkbox"/>	SMSF Member:	<input type="checkbox"/>

DIRECTOR/MEMBER 4

Title ie. Mr/Ms	<input type="text"/>	D.O.B	<input type="text"/>
First Name	<input type="text"/>		
Preferred Name	<input type="text"/>		
Middle Name	<input type="text"/>		
Surname	<input type="text"/>		
TFN	<input type="text"/>		
Mobile	<input type="text"/>		
Email	<input type="text"/>		
Country of Birth	<input type="text"/>		
State of Birth	<input type="text"/>		
City of Birth	<input type="text"/>		
Director ID	<i>Required before applying for a Corporate TTEE</i> <input type="text"/>		
Residential address	<i>If different to the SMSF address</i> <input type="text"/>		
Director / Secretary:	<input type="checkbox"/>	SMSF Member:	<input type="checkbox"/>

CLIENT AGREEMENT AND AUTHORISATION

By signing this form:

I declare that the information in this Application is true and correct at the time of completion;

I declare that I have never been convicted of an offence involving dishonesty, have never been subject to a civil penalty order under the SIS Act, am not an undischarged bankrupt and have not been disqualified by a regulator.

I agree that Green Frog Super may collect, use and store my personal information for the purposes of processing this application and to provide ongoing services;

I consent to the role of member and/or office holder as noted in this application and authorise Green Frog Super to register the Company on my/our behalf and act as the ASIC registered agent unless advised otherwise.

I agree to the release of information between Green Frog Super and my adviser or their firm, if details of an adviser have been provided or if the application was submitted by the adviser;

I authorise Green Frog Super to apply to register the SMSF with the ATO, apply for an ESA with BGLSF360 and be appointed as the registered tax agent for the Fund;

I acknowledge that the service provided by Green Frog Super is a documentation service only and does not constitute advice;

I acknowledge that Green Frog Super does not provide Investment Advice and has not provided a recommendation that this fund be established;

I confirm that I have made my own decision to establish this fund based on my personal and financial circumstances and have obtained financial, legal or other advice where necessary.

APPLICANT'S SIGNATURE

Please digitally sign below

Director 1



Name:

Director 2 – if applicable



Name:

Director 3 – if applicable



Name:

Director 4 – if applicable



Name:


CHECKLIST

- ☐ All member/director details completed
- ☐ All authorisations above signed and dated
- ☐ Completed payment details, including the credit card signature, if applicable
- ☐ Copy of Photo ID for each Director

PAYMENT DETAILS

Price is inclusive of GST and the cost of ASIC registration.
Documents will be emailed to you in PDF form.
Access to a printer will be required to sign & date by hand.

Please select from the following options to arrange the \$1,108 payment

<input type="checkbox"/>	DIRECT CREDIT	"Green Frog Super"	BSB: 014-221	A/C # 381583042	Ref: Fund name
<input type="checkbox"/>	-or- CREDIT CARD	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Expiry Date: MM/YY		
		Card Holder Name:			
		Credit Card Number:			
		Card Holder Signature:			
<input type="checkbox"/>	-or- BY CHEQUE	Cheques should be made payable to Green Frog Super			

The order will be placed once payment has been received.

Please send this completed form to:

support@greenfrogsuper.com.au -or- PO BOX 227, BALLINA NSW 2478