

Tick if you only intend to act as Trustee, and not

as a Member of the Fund with a super balance

## ESTABLISHMENT OF SMSF WITH INDIVIDUAL TRUSTEES

Tick if you only intend to act as Trustee, and not as a Member of the Fund with a super balance

•		'Superannuation Fund'; 'Super Full' In the included in the name.	, , .					
Fund Physical Addre	ess (not a PO Box)	):						
Street Address:	-							
Suburb/Cty:		State:	Postcode:					
Postal Address: If the	same as Physical ad	dress; write "as above"						
Alt. Address:								
Suburb/City:		State:	Postcode:					
		MEMBER (						
N h Full legal name	es Please provide a	separate Email and mobile per p	R TRUSTEE DETAILS					
TRUSTEE 1	estricuse provide u	TRUSTEE 2	person for online rorem decess					
Γitle ie. Mr/Ms	D.O.B	Title ie. Mr/Ms	D.O.B					
First Name		First Name						
Preferred Name		Preferred Name						
Middle Name		Middle Name						
Surname		Surname						
ΓFN		TFN						
Mobile		Mobile						
Email		Email						
Residential address: if diff	ferent to the SMSF	Residential address	Residential address: if different to the SMSF					
Tick if you only intend to a as a Member of the Fund w			nd to act as Trustee, and not Fund with a super balance					
FRUSTEE 3	and a super summer	TRUSTEE 4						
<b>Γitle</b> ie. Mr/Ms	D.O.B	Title ie. Mr/Ms	D.O.B					
First Name		First Name						
Preferred Name		Preferred Name						
Middle Name		Middle Name						
Surname		Surname						
rfn		TFN						
Mobile		Mobile						
Email		Email						
Residential address: if diff	ferent to the SMSE	Residential address	s: if different to the SMSF					

## **CLIENT AGREEMENT AND AUTHORISATION**

By signing this form:				APPLICANT'S SIGNATURE					
I declare that the informatio and correct at the time of co				Please digitally sign below  Trustee 1					
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				Name:  Trustee 2 – if applicable					
my personal information for this application and to provi		<							
I consent to the role of member/ and or trustee as noted in this application;				Name:  Trustee 3 – if applicable					
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;				Name:					
I acknowledge that the service provided by Green Frog Super is a documentation only service and does not constitute advice;				Trustee 4 – if applicable					
I acknowledge that Green Frog Super does not provide Investment advice and has not provided a recommendation that this Fund be established;				Name:  CHECKLIST					
I confirm that I have made n this Fund based on my perso circumstances and have obta advice where necessary.		All trustee details completed  All authorisations above signed and dated  Completed payment details, including the credit card signature, if applicable  Copy of Photo ID for each Trustee							
				PA	AYME	NT DE	TAILS	5	
Please select from the following options to arrange the \$495 payment  Price is inclusive of GST.  Documents will be emailed to you in PDF form.  Access to a printer will be required to sign and date by hand.									
DIRECT CREDIT	"Green Frog Super"	<b>BSB:</b> 014	-221	A/C	# 3815	83042	Ref:	Fund name	
or- CREDIT CARD	Card Type:	'isa	Maste	rcard <b>I</b>	Expiry	Date:	MM/YY		
U.	Card Holder Name:								
	Credit Card Number				-				
	Card Holder Signatur								
or, BV CHEOUE	Chaques should be made navable to Green Frog Super						or		

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