

Super Fund Details

Name of Fund: _____
Date of Fund to commence: _____
Sponsoring Employer (If Any): _____
Registered Address: _____
Directors of Employer: _____
Trustee (If not company, 2 required) If Trustee is a company: ACN: _____
Name and address #1: _____
Name and address #2: _____
If Company Trustee, provide names of directors: _____

MEMBERS DETAILS

1. Full Name: _____
Street Address: _____
Date of Birth: _____ Occupation: _____
Date Commenced with employer: _____ Sex: Male _____ Female _____

2. Full Name: _____
Street Address: _____
Date of Birth: _____ Occupation: _____
Date Commenced with employer: _____ Sex: Male _____ Female _____

3. Full Name: _____
Street Address: _____
Date of Birth: _____ Occupation: _____
Date Commenced with employer: _____ Sex: Male _____ Female _____

4. Full Name: _____
Street Address: _____
Date of Birth: _____ Occupation: _____
Date Commenced with employer: _____ Sex: Male _____ Female _____

PAYMENT OPTIONS

Credit Card - Please debit the following credit card by \$317.00 (includes merchant fee)

CARD NUMBER: _____ EXPIRY DATE: (/)
NAME ON CARD: _____ SIGNATURE: _____

Direct Deposit - \$310 (Pre Paid) \$330 for approved 30 day account
BSB: 012 349 ACC#: 221 604 238 Account Name: Allan's Off The Shelf

PLEASE COMPLETE Super Fund Order Form Date: __/__/__ Name: _____

Phone: _____ Fax: _____ Email: _____

Delivery Address: _____