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ORDER FORM – SELF MANAGED SUPER FUND

YOUR FIRM		
YOUR NAME		
DELIVERY ADDRESS		
DATE	PHONE NO.	FAX NO.

NAME OF SUPER FUND	
REGISTERED OFFICE	
LAWS OF WHICH STATE/TERRITORY APPLY TO THIS DOCUMENT?	

TRUSTEE(S)

TRUSTEE'S NAME (1ST)	
TRUSTEE'S A.C.N. (if any)	
FULL NAME OF DIRECTOR OF CORPORATE TRUSTEE WHO IS NOT A MEMBER OF THE FUND (IF RELEVANT)	
TRUSTEE'S ADDRESS	

TRUSTEE'S NAME (2ND)	
TRUSTEE'S ADDRESS	

TRUSTEE'S NAME (3RD)	
TRUSTEE'S ADDRESS	

TRUSTEE'S NAME (4TH)	
TRUSTEE'S ADDRESS	

ORDER FORM – SELF MANAGED SUPER FUND (CONTINUED)

MEMBERS

FIRST MEMBER	
DATE OF BIRTH	
ADDRESS	

SECOND MEMBER	
DATE OF BIRTH	
ADDRESS	

THIRD MEMBER	
DATE OF BIRTH	
ADDRESS	

FOURTH MEMBER	
DATE OF BIRTH	
ADDRESS	

PLEASE INDICATE	Deeds Only (In Triplicate) YES/NO
	Deeds In Triplicate with Complete Register YES/NO

If you prefer to use your credit card, please fill in below. Please fax or mail this order form to us. Amount \$.....

Mastercard Credit Card No. Expiry Date:

Visa Cardholder's Name (Please Print)

Cardholder's Signature