

# TAG FINANCIAL SERVICES SMSF ESTABLISHMENT ORDER FORM

To order your SMSF Establishment documents:

1. Complete all relevant fields in BLOCK LETTERS
2. Email this form to TAG Financial Services at [super@tagfinancial.com.au](mailto:super@tagfinancial.com.au)

## SECTION A (I): ADVISER ORDERING DETAILS

Name:	Signature:
Company Name:	
Postal Address:	
Date Of Order: / /	Your Ref:
Phone: ( ) - -	Fax: ( ) - -
Email:	

## SECTION A (II): ACCOUNTANT DECLARATION

I confirm my client has received a Statement of Advice (SoA) and this order is consistent with this advice.

My client will need the Statement of Advice (SoA).

## SECTION B: FUND DETAILS

Name of Fund:	Commencement Date Required: / /
State of Registration of the SMSF:	
Fund Street Address:	

## SECTION C: ABN & TFN REGISTRATION DETAILS

**Only complete this section if TAG Financial Services is registering the ABN and TFN for the Fund.**

As a new initiative, the ATO is contacting trustees of newly established SMSFS to confirm they understand their duties and obligations as a trustee of the Fund. Please nominate a trustee or director of the Fund that the ATO may contact in this regard:

Trustee / Director Name:	
Contact Number: ( ) - -	
Do you want to add a Tax Agent or Authorised Adviser to the ABN Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please provide the following:

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number: (     ) -     -     \_\_\_\_\_

Tax Agent Number (if applicable): \_\_\_\_\_

**Trustee Declaration**

Please read and confirm the following declaration:

I hereby authorise TAG Financial Services to complete and lodge the ABN and TFN application for this Fund on behalf of the trustees, and declare that all information provided in this application form is true and correct.

**SECTION D: DETAILS OF INDIVIDUALS ASSOCIATED WITH THE FUND**

**Individual 1** Full Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Date of Birth:    /    /    \_\_\_\_\_

Tax File Number\*:    -    -    \_\_\_\_\_

Individual Trustee (tick if appropriate):  Director of Corporate Trustee (tick if appropriate):

Member (tick if appropriate):

**Individual 2** Full Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Date of Birth:    /    /    \_\_\_\_\_

Tax File Number\*:    -    -    \_\_\_\_\_

Individual Trustee (tick if appropriate):  Director of Corporate Trustee (tick if appropriate):

Member (tick if appropriate):

**Individual 3** Full Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Date of Birth:    /    /    \_\_\_\_\_

Tax File Number\*:    -    -    \_\_\_\_\_

Individual Trustee (tick if appropriate):  Director of Corporate Trustee (tick if appropriate):

Member (tick if appropriate):

**Individual 4** Full Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Date of Birth:    /    /

Tax File Number\*:       -       -

Individual Trustee (tick if appropriate):  Director of Corporate Trustee (tick if appropriate):

Member (tick if appropriate):

Note: Any member that is employed by another member must be a director of the employer (where a company) or a relative of the employer. Persons previously convicted of an offence involving dishonesty are disqualified from being admitted to a SMSF. Severe penalties can be imposed for any breach.

\*Providing the Tax File Number (TFN) for each Member of the Fund is not compulsory. However after 1 July 2007, if a Member does not provide their TFN to their Fund, they will be taxed at top marginal tax rates on concessional contributions made to the fund, and the fund will not be able to accept non-concessional contributions from the Member.

**SECTION E: TRUSTEE INFORMATION WHERE TRUSTEE IS A COMPANY**

Name: \_\_\_\_\_ ACN:       -       -

Registered Office: \_\_\_\_\_

Company Chairman: \_\_\_\_\_

Please notify us if the company above does not authorise resolutions by circulating minutes instead of having a directors meeting.