

SMSF ESTABLISHMENT

YOUR DECISION TO ESTABLISH A SELF-MANAGED SUPERANNUATION FUND (SMSF)

Shape Super do not hold a financial services licence, we are therefore prohibited from providing you with any recommendation or opinion that is intended to influence you in making any decision in relation to self-managed superannuation (including whether to establish, contribute to or draw a benefit from, an SMSF, or any investment decision by an SMSF trustee), or that could reasonably be regarded as being intended to have such an influence.

Please complete the details attached and sign the below declaration to confirm the basis of your decision.

ESTABLISHMENT DECLARATION

I hereby declare that:

1. I have decided to establish a self-managed superannuation fund (Fund);
2. I am aware that:
 - a) Shape Super does not hold a financial services license; and
 - b) accordingly, is generally prohibited from providing me with any recommendation or opinion that is intended to influence me in making any decision in relation to self-managed superannuation (including whether to establish, contribute to or draw benefits from, an SMSF, or any investment decision by an SMSF trustee), or that could reasonably be regarded as being intended to have such an influence (Financial Advice).
3. If Shape Super has provided me with advice in relation to self-managed superannuation, that advice has been of a general factual nature only and not intended in any manner or delivery to be in relation to our specific circumstances.
4. Shape Super has not provided me with any Financial Advice in relation to the Fund, such as (without limitation):
 - a) whether I should establish the Fund.
 - b) any decision to contribute to or draw a benefit from the Fund; or
 - c) any investment decision by a trustee of the Fund.
5. I understand that:
 - a) if I request the Firm to establish the Fund, the Firm will be obliged to establish the Fund in accordance with my instructions, even if the Firm believes those instructions may not be in my best interest; and
 - b) if I request the Firm to provide administration services in relation to the Fund, in providing those services the Firm will be prevented from providing Financial Advice.
6. We declare that we have researched and understand the legal regulations and responsibilities and that we are not prohibited under the legislation, or by other orders, from holding the position of a trustee of a regulated self-managed superannuation fund or the position of a director of a corporate trustee.
7. We understand and accept that Shape Super will not be responsible in any way either legally or financially should the establishment be delayed or not accepted by the regulators for circumstances unrelated and outside of the responsibility or control of Shape Super under this establishment request with regards to either the superannuation fund and/or the corporate trustee.

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

FUND AND TRUSTEE DETAILS



Proposed Corporate Trustee Name (subject to availability)			
Proposed Superannuation Fund Name			
Fund Street Address		STATE	
Fund Postal Address (if different from above)		STATE	
Financial Adviser Details (name and phone number)			
Is this fund intended to be a Recognised Overseas Pension Scheme (ROPS)?	YES/NO		
Is this fund intending to acquire property using an LRBA?	YES/NO		
Do you require the Custodian Company and Bare Trust?	YES/NO		

MEMBER & TRUSTEE DIRECTOR DETAILS

TRUSTEE / MEMBER 1				TRUSTEE / MEMBER 2 (optional)						
First Name (as per ATO records)										
Middle Name (as per ATO records)										
Surname (as per ATO records)										
Residential Address										
Personal Email Address										
Mobile Phone Contact Number										
Tax File Number										
Director Identification Number										
Date of Birth										
Birth Place - Country										
Birth Place - State										
Birth Place - City										
Occupation										
Australian Driver's Licence	Licence Number (front)		STATE	Card Number (back)		Licence Number (front)		STATE	Card Number (back)	
Is this trustee an undischarged bankrupt?				YES/NO				YES/NO		
Has this trustee ever been convicted for dishonest conduct?				YES/NO				YES/NO		
Has this trustee ever received a civil penalty order?				YES/NO				YES/NO		
Has this trustee ever been a disqualified person by the regulator (ATO or APRA)?				YES/NO				YES/NO		
Is the trustee a Resident of Australia?				YES/NO				YES/NO		

MEMBER & TRUSTEE DIRECTOR DETAILS

TRUSTEE / MEMBER 3 (optional)

TRUSTEE / MEMBER 4 (optional)

First Name (as per ATO records)

Middle Name (as per ATO records)

Surname (as per ATO records)

Residential Address

Personal Email Address

Mobile Phone Contact Number

Tax File Number

Director Identification Number

Date of Birth

Birth Place - Country

Birth Place - State

Birth Place - City

Occupation

Australian Driver's Licence

Licence Number
(front)

STATE

Card Number
(back)Licence Number
(front)

STATE

Card Number
(back)

Is this trustee an undischarged bankrupt?

YES/NO

YES/NO

Has this trustee ever been convicted for dishonest conduct?

YES/NO

YES/NO

Has this trustee ever received a civil penalty order?

YES/NO

YES/NO

Has this trustee ever been a disqualified person by the regulator (ATO or APRA)?

YES/NO

YES/NO

Is the trustee a Resident of Australia?

YES/NO

YES/NO

PRICE AGREEMENT:

Please accept this as my/our instruction to establish the above SMSF and Corporate Trustee Company, and where instructed above, also establish a Custodian Trustee Company and Bare (Holding) Trust.

We accept the advised establishment fee (incl of GST) be made payable to Shape Super:

\$1,392.00 - Establish SMSF & Trustee Company

\$1,367.00 - Custodian Company & Bare Trust (if applicable)

\$2,759.00

***Please Note A Payrix Merchant Fee will be applied** to this transaction on top of the establishment fee. This is currently charged by Payrix at a rate of 1.98% for VISA and 3.85% for AMEX transactions as at 6/4/2022

We accept that this payment is not refundable should the establishment not be successful due to any circumstance either as referenced in para 6 and 7 of the accepted declarations or circumstances outside the control of Shape Super

www.shapesuper.com.au | enquiries@shapesuper.com.au

CREDIT CARD DETAILS:

Name on Card :

Card Number :

Expiry Date:

CVC:

Signed: _____

Date: _____

