

PATRICIA HOLDINGS (QLD)

ABN 43 264 414 938

*SHELF COMPANY FORMATIONS
COMPANY FORMATION SERVICES*

www.patriciaholdings.com.au

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Contact name & phone number: _____
Electronic version required: YES / NO
If yes, email address: _____

SUPERANNUATION FUND PACKAGE - \$484

Name of Superannuation Fund: _____
Date of Superannuation Fund: _____
State of Applicable Law: (please circle) QLD NSW ACT WA SA NT VIC TAS
Branch Name of Bank: _____
Name of Bank: _____
Name of Auditor of Fund: _____
Name of Administrator for the Fund: _____
Name of Accountant for the Fund: _____
Is a Product Disclosure Statement required? YES/NO
Firm Name and Address of Client: _____
Contact at Firm: _____

If the Trustee is a Company

Name and ACN: _____
Full Name of First Director: _____
Address of First Director: _____
Full Name of Second Director: _____
Address of Second Director: _____
Full Name of Third Director: _____
Address of Third Director: _____
Full Name of Fourth Director: _____
Address of Fourth Director: _____

If the Trustee(s) are individuals: (min 2, max 4)

Full Name of First Trustee: _____
Address of First Trustee: _____
Full Name of Second Trustee: _____
Address of Second Trustee: _____

cont .

Full Name of Third Trustee:	_____
Address of Third Trustee:	_____
Full Name of Fourth Trustee:	_____
Address of Fourth Trustee:	_____

Applicant Details

#1

Name of First Applicant:	_____
Address of First Applicant:	_____
Date of Birth of First Applicant:	_____

On the establishment of the Fund, each Applicant can nominate a person(s) who will be entitled to receive the benefit payable by the trustee of the SMSF in the event of the death of the Applicant.

Name of First Beneficiary:	_____
Amount of Entitlement for First Beneficiary:	_____

Whilst more than one person can be nominated to receive the benefit payable by the trustee in the event of the death of the Applicant, the percentage entitlement of the total of all beneficiaries for one applicant cannot be greater than 100%. Where two beneficiaries are nominated, each beneficiary's entitlement should be expressed as 50%.

Name of Second Beneficiary:	_____
Amount of Entitlement for Second Beneficiary:	_____
Name of Third Beneficiary:	_____
Amount of Entitlement for Third Beneficiary:	_____
Name of Fourth Beneficiary:	_____
Amount of Entitlement for Fourth Beneficiary:	_____

#2

Name of Second Applicant:	_____
Address of Second Applicant:	_____
Date of Birth of Second Applicant:	_____

On the establishment of the Fund, each Applicant can nominate a person(s) who will be entitled to receive the benefit payable by the trustee of the SMSF in the event of the death of the Applicant.

Name of First Beneficiary:	_____
Amount of Entitlement for First Beneficiary:	_____
Name of Second Beneficiary:	_____
Amount of Entitlement for Second Beneficiary:	_____
Name of Third Beneficiary:	_____
Amount of Entitlement for Third Beneficiary:	_____
Name of Fourth Beneficiary:	_____
Amount of Entitlement for Fourth Beneficiary:	_____

#3

Name of Third Applicant: _____

Address of Third Applicant: _____

Date of Birth of Third Applicant: _____

On the establishment of the Fund, each Applicant can nominate a person(s) who will be entitled to receive the benefit payable by the trustee of the SMSF in the event of the death of the Applicant.

Name of First Beneficiary: _____

Amount of Entitlement for First Beneficiary: _____

Name of Second Beneficiary: _____

Amount of Entitlement for Second Beneficiary: _____

Name of Third Beneficiary: _____

Amount of Entitlement for Third Beneficiary: _____

Name of Fourth Beneficiary: _____

Amount of Entitlement for Fourth Beneficiary: _____

#4

Name of Fourth Applicant: _____

Address of Fourth Applicant: _____

Date of Birth of Fourth Applicant: _____

On the establishment of the Fund, each Applicant can nominate a person(s) who will be entitled to receive the benefit payable by the trustee of the SMSF in the event of the death of the Applicant.

Name of First Beneficiary: _____

Amount of Entitlement for First Beneficiary: _____

Name of Second Beneficiary: _____

Amount of Entitlement for Second Beneficiary: _____

Name of Third Beneficiary: _____

Amount of Entitlement for Third Beneficiary: _____

Name of Fourth Beneficiary: _____

Amount of Entitlement for Fourth Beneficiary: _____

Notes for Completing this form:

Date: This should be the day on which the Trustee signs the deed.

Name of Fund: There is no prohibition on the name chosen for a Superannuation Fund. Please include the words "Superannuation Fund" at the end.

Branch Name of Bank: The Fund once established, includes a resolution whereby the trustees resolve to undertake a number of steps, one of which includes opening a bank account. In this field please enter the suburb where the branch is located ie Greenbank.

Name of Bank: Please enter the name of the banking institution ie Westpac.

Name of Auditor of Fund: At the date on which the documents are produced, it is not necessary that an auditor be appointed. If however the auditor of the Fund is known, their full name should be inserted here as it appears on their letterhead.

Name of Accountant: At the date on which the documents are produced, it is not necessary that an accountant be appointed. If however the accountant of the Fund is known, their full name should be inserted here as it appears on their letterhead.

THINGS TO KNOW

1. **NO LEGAL, FINANCIAL OR TAX ADVICE**

We do not provide legal, financial or taxation advice and therefore take no responsibility for these matters. You should consult your lawyer, financial advisor or accountant before placing an order with us.

2. **NAME ON TAX INVOICE (for Clients with Accounts)**

Please note that you are our client and tax invoices are in your name and it is you we extend credit to, not your client. We cannot and will not alter the tax invoice from you to your client *after* your order has been processed. Should you want the tax invoice in the name of your client ***please advise us beforehand*** so it is not on your account. *We shall require cleared funds in payment prior to processing your order as we do not extend credit to clients of our clients.* **The name on the tax invoice determines the debtor.**

3. **TERMS OF TRADE (for Clients with Accounts)**

We extend thirty days terms of trade to practising solicitors, financial planners and accountants but not to their clients. We require cleared funds from private clients before we process the order. See 2 above re name on Tax Invoice. Where accounts are paid after the time of order using credit card, we charge an admin fee of 0.87% (incl. GST) on Visa and MasterCard and 1.93% (incl. GST) on Amex.

Whilst most of our clients observe the 30 days terms of trade we extend, please be aware it is company policy to suspend further credit at 45 days.

You will be liable for any debt recovery expenses relating to the payment of your account.

4. **TERMS OF TRADE (for Private Clients)**

We require cleared funds from private clients before we process the order. American Express (subject to surcharge of 1.93% incl. GST), MasterCard and Visa (not subject to surcharges) accepted. Non-bank cheques are accepted but need to be cleared before your order is processed which may take four business days.

5. **REFUNDS**

Products and services supplied by us are created to meet the specific requirements of each purchaser and/or client. We provide products and services that cannot be re-sold to another purchaser or client. As a result of this, we do not provide refunds for products or services supplied in good faith according to the request of the purchaser or client.

6. **RETURNS**

If the product or service is returned/referred back to us due to an error on the part of the purchaser or client, and we have complied with the original instructions and directions of the purchaser/client, we reserve the right to levy an additional charge that fairly reflects the time and expertise required to amend the error. We are not responsible for any error or loss due to a purchaser/client's mistake or misunderstanding of the Law.

7. **STAMP DUTY REFUNDS****

If you pay to have your trust deed stamped with the State Revenue Office (VIC) or the Office of State Revenue (NSW), and if you do not return the executed deed (with a completed statutory declaration) to us for stamping within 9 months from the date of invoice, we may refund the SRO/OSR fee to your nominated account. Please note that we will not refund our stamping service fee in these circumstances.