

Fund name

## Order form: Self-managed superannuation fund

### The Castle difference

Opt in

At Castle, we pride ourselves on the service we provide and the value we can add to you and your clients. If you tick the 'opt in' box, we will contact you if we have any suggestions or questions about any information you have entered in the form. If you would prefer for your order to be processed exactly as you have entered below, please do not tick the box. However, if we believe something is incorrect in your form, we will contact you to discuss it.

### Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

### Choose your package – PDFs included with all packages

Electronic

Email delivery of all documents in PDF.

Standard

All key documents (including rollover letter, investment strategy and PDS). 2 bound deeds

Premium

All documents printed and inserted in a folder (with 7 dividers). 4 bound deeds.

Presented in

White Folder

White Folder with Slip Case

Black Folder

Black Folder with Vertical Holder

Black Folder with Box and Lid

### Additional order requirements

ATO registration

Required – complete page 3

Not required

### Delivery

Required delivery date

ASAP  Specific date

Please provide specific date

Delivery address

Street address preferred

Firm address (listed above)

Other address

Please provide other address

### Payment – The options to pay in 14 or 30 days are only available for approved clients

Pay now

Cheque

Please make cheques payable to: Castle Corporate Pty Ltd.

Credit card

Please complete a Credit Card Authorisation form and return with this form.

Bank deposit

Account details:  
BSB: 083-543, Account: 66332-9114

Please provide reference you will use for direct deposit

Pay in 14 days with our Enduring Credit Card Authorisation

Pay in 30 days – I, the person named above, agree to pay Castle for this order within 30 days of the invoice date

### Declaration

By submitting this form to Castle Corporate Pty Ltd, I warrant and declare that:

1. All statements made and all details shown in this order form are true and correct and that all persons named in this order form have consented in writing to their appointment as a trustee and/or as a member.
2. Each person named as trustee in this order form is not disqualified for any reason from acting as a trustee of a self-managed superannuation fund (SMSF).

I indemnify Castle Corporate Pty Ltd for any and all loss suffered by Castle Corporate Pty Ltd as a result of my breach of the aforesaid warranty.

**Superannuation fund details**

Name of super fund	<input type="text"/>		
Commencement date	<input type="checkbox"/> Today	<input type="checkbox"/> Same as formation date of corporate trustee	<input type="checkbox"/> Specify date <input type="text"/>
Voting preference	<input type="checkbox"/> Weighted <input type="checkbox"/> Non-Weighted (if neither option is selected, we will assume 'Non-weighted voting')		
Trust to be established in	<input type="checkbox"/> VIC <input type="checkbox"/> NSW <input type="checkbox"/> QLD <input type="checkbox"/> SA <input type="checkbox"/> WA <input type="checkbox"/> NT <input type="checkbox"/> TAS <input type="checkbox"/> ACT		

**Corporate trustee – Only complete this section if the trustee is a company**

Company name	<input type="text"/>	ACN	<input type="text"/>
Company address	<input type="text"/>		

**Other parties – Note: A super fund can have either up to four individual trustees OR one corporate trustee with up to four directors**

**Party 1**

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other		<input type="text" value="Other please specify"/>
Name	<input type="text" value="Given name(s)"/> <input type="text" value="Surname"/>		
Address	<input type="text"/>		
Role(s) held	<input type="checkbox"/> Member <input type="checkbox"/> Trustee <input type="checkbox"/> Director of corporate trustee		
Information required for members only:	Date of birth	<input type="text"/>	TFN <input type="text"/>

**Party 2**

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other		<input type="text" value="Other please specify"/>
Name	<input type="text" value="Given name(s)"/> <input type="text" value="Surname"/>		
Address	<input type="text"/>		
Role(s) held	<input type="checkbox"/> Member <input type="checkbox"/> Trustee <input type="checkbox"/> Director of corporate trustee		
Information required for members only:	Date of birth	<input type="text"/>	TFN <input type="text"/>

**Party 3**

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other		<input type="text" value="Other please specify"/>
Name	<input type="text" value="Given name(s)"/> <input type="text" value="Surname"/>		
Address	<input type="text"/>		
Role(s) held	<input type="checkbox"/> Member <input type="checkbox"/> Trustee <input type="checkbox"/> Director of corporate trustee		
Information required for members only:	Date of birth	<input type="text"/>	TFN <input type="text"/>

**Party 4**

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other		<input type="text" value="Other please specify"/>
Name	<input type="text" value="Given name(s)"/> <input type="text" value="Surname"/>		
Address	<input type="text"/>		
Role(s) held	<input type="checkbox"/> Member <input type="checkbox"/> Trustee <input type="checkbox"/> Director of corporate trustee		
Information required for members only:	Date of birth	<input type="text"/>	TFN <input type="text"/>

**Australian Tax Office (ATO) registration details**

Only complete this section if you require Castle to apply for ATO registration. Please note additional fees apply.

Business address of fund	<input type="checkbox"/> Party 1 <input type="checkbox"/> Party 2 <input type="checkbox"/> Party 3 <input type="checkbox"/> Party 4 <input type="checkbox"/> Accounting firm (Provide details below) <input type="checkbox"/> Other (Provide details below)		
Name/Firm			
Address			
Address for correspondence	<input type="checkbox"/> Same as above <input type="checkbox"/> Party 1 <input type="checkbox"/> Party 2 <input type="checkbox"/> Party 3 <input type="checkbox"/> Party 4 <input type="checkbox"/> Accounting firm (Provide details below) <input type="checkbox"/> Other (Provide details below)		
Name/Firm			
Address			
Contact person for ATO	<input type="checkbox"/> Party 1 <input type="checkbox"/> Party 2 <input type="checkbox"/> Party 3 <input type="checkbox"/> Party 4 <input type="checkbox"/> Accounting firm (Provide details below) <input type="checkbox"/> Other (Provide details below)		
Name/Firm			
Phone		Facsimile	
Email address			
Tax agent's registration number			
Email address for receiving ATO correspondence			
Trustee's tax file number			
<b>Additional information</b> – Use this space to provide any other information that may help us to complete your order.			