



# CST Corporate Solutions Pty Ltd

ABN 83 096 444 478  
Locked Bag 5009, Narellan NSW 2567  
Telephone: 1-300 554 321  
Facsimile: 1-300 554 322

## SUPERANNUATION FUND INSTRUCTIONS

To CST Corporate Solutions Pty Ltd. You are appointed to act as our agent to procure a Trust Deed and ancillary legal documentation from a solicitor, the particulars for such trust deed and legal documents being set out hereunder.

**Fund Name:** ..... **State of Fund:**.....

Date of Documents:  Leave undated  Today's date  Future date .....(enter date)

Register Type:  (Normal 1" spine)  (Wide1.5" spine)  PDF only

### Applicant Details:

Firm Name: .....

Contact Person: ..... Phone: .....

Postal Add: ..... Fax: .....

Street Add: .....

Email Address: .....

Please Deliver to: Street Address Other: .....

The applicant hereby accepts full responsibility for any amount payable to CST Corporate Solutions Pty Ltd for the enclosed instructions.

signed: ..... date: .....

### Payment Details:

Chq Encl.  Chq in Mail  Direct Deposit

or Charge our Credit Card:  Visa  Mastercard Amount: .....

Card Number: ..... Expiry Date: .....

name of cardholder ..... signature .....

## CORPORATE TRUSTEE ONLY

Name of Trustee: .....

A.C.N. ....

Registered Address:  C/- Applicant or .....

Town: ..... State ..... Postcode .....

## MEMBERS/DIRECTORS/INDIVIDUAL TRUSTEES DETAILS

Name: ..... D.O.B. ....

Address:  as above or .....

Town: ..... State ..... Postcode .....

Name: ..... D.O.B. ....

Address:  as above or .....

Town: ..... State ..... Postcode .....

Is this person a member of the fund?  Yes  No (A single member fund may have two trustees/directors of trustee)

Does the fund have anymore members?  Yes  No If Yes, please continue onto page 2 of our order form.

**FUND NAME:** ..... Page 2 of 2  
 (Only submit this page where the fund has either 3 or 4 members)

Name: ..... D.O.B. ....  
 Address:  as above or .....  
 Town: ..... State ..... Postcode .....

Name: ..... D.O.B. ....  
 Address  as above or .....  
 Town: ..... State ..... Postcode .....

**Self Managed Superannuation Fund - Trustee & Member Requirements**

	Single Member	2 - 4 Members
<b>Corporate Trustee</b>	Member must be a director  Can have 2 <sup>nd</sup> director but not compulsory  2 <sup>nd</sup> director can't be an employer of the member unless the 2 <sup>nd</sup> director is related to member	All members must be directors  All directors must be members  No member can be an employee of another member unless the members are related
<b>Individual Trustees</b>	Must have two individual trustees  Member must be one of the trustees  2 <sup>nd</sup> trustee can't be an employer of the member unless the 2 <sup>nd</sup> trustee is related to the member	All members must be trustees  All trustees must be members  No member can be an employee of another member unless the members are related

For further information visit [www.ato.gov.au/super](http://www.ato.gov.au/super) or visit our website [www.cst.com.au](http://www.cst.com.au) and click on the superannuation links.

Section 17A of the Superannuation Industry (Supervision) Act 1993 provides the definition of a Self Managed Superannuation Fund.

Please fax this order to  
or post it to us at

**CST Corporate Solutions on 1-300 554 322**  
**Locked Bag 5009**  
**Narellan NSW 2567**

or email us

**orders@cst.com.au**