

INSTRUCTION SHEET TO ESTABLISH A SELF MANAGED SUPERANNUATION FUND WITH 2 TO 4 MEMBERS:

| Delivery Ins | tructions | | | | | | |
|---|--|-----------------|-----------|------------|-------------------------|------------------|--|
| Plea | Please email documents to the following address: | | | | | | |
| | | | | | | | |
| Plea | Please send completed documents to: | | | | | | |
| | | | | | | | |
| Payment Instructions \$400 by email or \$525 by post | | | | | | | |
| | | \$400 by | emaii o | r \$525 by | post | | |
| Plea | ase send me a Rapidl | Pay referen | ce numl | ber for pa | nyment prior to deliv | ery | |
| Please charge my credit card | | | | | | | |
| Credit Card | | Bankcard | | Visa | Mastercard | | |
| | (We are | unable to pro | ocess Ame | rican Expr | ess or Diners) | | |
| Card No. | | | | | | | |
| Expiry Date | | | | | | | |
| Credit Card CCV No. | | | | | | | |
| (Last 3 digits | after card no. on front o | or reverse of c | card – we | cannot pro | ocess your payment with | out this number) | |
| Name on Card | | | | | | | |
| Amount | | \$ | | | | | |
| Cardholder's Signature | | | | | | | |
| Where you pay our account by credit card, a surcharge equal to the amount of the merchant's fee may be added and you agree to pay such surcharge. | | | | | | | |

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e: munrolawyers@taxlegal.com.au
w: taxlegal.com.au

Please print clearly. MEMBER 1 Name of the First Member Address of the First Member Date of Birth of First Member Name of First Member's Beneficiary (in the event of the Member's death): Address of the First Member's Beneficiary Percentage of Death Benefit attributable to each Beneficiary % **MEMBER 2** Name of the Second Member Address of the Second Member Date of Birth of Second Member

Name of Second Member's Beneficiary (in the event of the Member's death):

| _ | Address of the Second Member's Beneficiary | | | | | | | |
|---------|---|--|--|--|--|--|--|--|
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| L | | | | | | | | |
| | Percentage of Death Benefit attributable to each Beneficiary | | | | | | | |
| | % | | | | | | | |
| | 90 | | | | | | | |
| MEMBER | R3 | | | | | | | |
| | NT | | | | | | | |
| Г | Name of the Third Member | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Address of the Third Member | | | | | | | |
| ſ | Address of the Third Weinber | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | Date of Birth of Third Member | | | | | | | |
| Γ | Date of Birth of Third Member | | | | | | | |
| | | | | | | | | |
| _ | | | | | | | | |
| | Name of Third Mambar's Daneficians (in the assent of the Mambar's deeth). | | | | | | | |
| Γ | Name of Third Member's Beneficiary (in the event of the Member's death): | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Address of the Third Member's Reneficient | | | | | | | |
| Γ | Address of the Third Member's Beneficiary | | | | | | | |
| | | | | | | | | |
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| <u></u> | | | | | | | | |
| F | Percentage of Death Benefit attributable to each Beneficiary | | | | | | | |
| | % | | | | | | | |
| | , · · | | | | | | | |
| | | | | | | | | |
| MEMBER | R 4 | | | | | | | |
| | NT | | | | | | | |
| г | Name of the Fourth Member | | | | | | | |
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| | | | | | | | | |

| | Address of the Fourth Member | |
|----------|--|-----|
| | | |
| | | |
| | | |
| | Date of Birth of Fourth Member | |
| | | |
| | Name of Fourth Member's Beneficiary (in the event of the Member's death): | |
| | | |
| | Address of the Fourth Member's Beneficiary | |
| | | |
| | | |
| | | |
| | Percentage of Death Benefit attributable to each Beneficiary | |
| | % | |
| | | |
| | | |
| | Name of the Superannuation Fund | |
| | • | |
| | THE FUND | |
| Complete | e only if corporate trustee | |
| • | Name of Trustee Company: | |
| | • / | |
| | | |
| | All Members must be Directors of the trustee company and all Directors must be Members | ers |
| | ACN of Trustee Company: | |
| | ACN | |
| | | |
| | Address of Trustee Company: | |
| | | |
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