



**Deluxe Trust Deed package  
for a NEW self-managed super fund  
Details of fund and parties to the Deed  
Please complete and return to Superannuation Australia**

**Please ensure you indicate below if you require a Product Disclosure Statement.**

**PRODUCT DISCLOSURE STATEMENTS (PDS):**

The Corporations Act 2001 requires a PDS to be given in the following instances:

- When a new member joins a Self Managed Superannuation Fund (SMSF)
- When an existing member commences a pension in a SMSF.

However section 1012D(2A) exempts SMSF trustees from this requirement where they believe on reasonable grounds that the member "...has received, or has and knows that they have access to all of the information that the PDS would be required to contain".

Do you require a PDS?       Yes       No

**THIS MUST BE SIGNED BY A PROPOSED TRUSTEE OF THE FUND**

Name .....

Signed .....



**Order form - Deluxe Trust Deed package  
self-managed superannuation fund**

**ORDER PLACED BY**

**PLEASE PRINT CLEARLY**

①	Your name		
	Member number (if applicable)		
	Name of your firm (if applicable)		
	Address for delivery		
	Telephone number		Facsimile number

**DETAILS**

②	NAME OF FUND	Superannuation Fund
③	COMMENCEMENT DATE	/ /

**PARTIES TO THE DEED**

④	Company (if any)		
	Name		
	Registered address		
	Role	Trustee	Employer
	Please advise company ACN: and name(s) of its director(s)		

**INDIVIDUALS**

⑤	a) Name			
	b) Street address			
	c) Role	Trustee	Member	Please advise date of birth / /
	Name			
	Street address			
	Role	Trustee	Member	Please advise date of birth / /
	Name			
	Street address			
	Role	Trustee	Member	Please advise date of birth / /
	Name			
	Street address			
	Role	Trustee	Member	Please advise date of birth / /

**SPECIAL INSTRUCTIONS  
RELATING TO YOUR ORDER  
(if any)**

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**Deluxe self-managed superannuation fund  
Information to complete the Tax Office registration form**

**PLEASE PRINT CLEARLY**

**6** Where do you want the Tax Office to send correspondence? (Street or postal address)

- To the home of the member(s)
- To the accounting firm of the member(s)
- To another address, being:

  

**7** The address to be shown as the business address of the fund (Street address only)

- To the home of the member(s)
- To the accounting firm of the member(s)
- To another address, being:

  

**8** Who do you want the Tax Office to telephone if they have any queries?

- The first-named member
- The second-named member
- The accounting firm of the member

Name of contact

- Other

**9** What are the normal contact details during business hours for the person nominated above?

Telephone

Facsimile

Email

**10** If using a tax agent for the contact person, what is the tax agent's registration number?

Registration number

**11** If you want to use the Tax Office's internet-based e-commerce system, please advise

- Yes (please advise email address)
- No

Email address

**12** The trustee's tax file number is: (optional)

**13** The tax file number for each member is: (optional)

Name	<input type="text"/>	TFN	<input type="text"/>
Name	<input type="text"/>	TFN	<input type="text"/>
Name	<input type="text"/>	TFN	<input type="text"/>



Before returning a deluxe trust deed application form please ensure you have:

- Indicated and signed whether a PDS is required or not (PROPOSED TRUSTEE to sign)
- Completed name and address of person placing the order (1)
- Entered the Fund name (2)
- Provided a commencement date (3)
- If a corporate trustee, completed Parties to the Deed section (4)
- If individuals, entered full name details (no initials) (5a)
- Provided a STREET address where required (5b)
- Ticked the appropriate trustee/member boxes (5c)
- Provided date of birth details (5d)
- Please complete sections 6 – 13

Please print clearly to ensure your trust deed is processed correctly and quickly.