

# New SMSF Application Form

## PART A - CHOOSE YOUR PACKAGE

### 1. Select Your Establishment Package

### 2. Select Your Ongoing Service

 Mini       Classic

## PART B - NEW FUND & ESTABLISHMENT

### 3. Proposed name of Self-Managed Superannuation Fund (SMSF)

### 4. SMSF Primary Contact Person

Family Name

Given Names

#### SMSF Primary Postal Address

No/Street

Suburb

State/Territory

Postcode

#### SMSF Primary Contact Details

Work

Home

Fax

Mobile

Email

### 5. Corporate Trustee – New Company

Proposed Name of Company

Proposed Name of Property Trust Company (if applicable)

Registered Address

C/- Sequoia Superannuation Pty Ltd  
GPO Box 4350, Sydney NSW 2001

### 6. Credit Card Guarantee

#### Credit Card Details

MasterCard       Visa

Credit card no.

Name on card

CVV No.

Expiry

Signature

By signing this section I agree for Sequoia Superannuation to charge my nominated credit card as per Part D of this application form.

When you complete this form, please:

- Use a black pen;
- Write clearly in block letters;
- Answer all applicable questions;
- Ensure it is signed.

# New SMSF Application Form

## PART C - INDIVIDUAL TRUSTEES/ DIRECTORS/MEMBER DETAILS

### 7A. Member/Trustee/Director 1

Mr  Mrs  Miss  Ms  Other

Family Name

Given Names

DOB

Place of Birth

Gender  Male  Female

Occupation

TFN

Email

Mobile

#### Residential Address – Member/Trustee/Director 1

No/Street

Suburb

State/Territory  Postcode

Trustee/Director & Member  Trustee/Director Only

### B. Member/Trustee/Director 2 (if applicable)

Mr  Mrs  Miss  Ms  Other

Family Name

Given Names

DOB

Place of Birth

Gender  Male  Female

Occupation

TFN

Email

Mobile

#### Residential Address – Member/Trustee/Director 2

No/Street

Suburb

State/Territory  Postcode

Trustee/Director & Member  Trustee/Director Only

### C. Member/Trustee/Director 3 (if applicable)

Mr  Mrs  Miss  Ms  Other

Family Name

Given Names

DOB

Place of Birth

Gender  Male  Female

Occupation

TFN

Email

Mobile

#### Residential Address – Member/Trustee/Director 3

No/Street

Suburb

State/Territory  Postcode

Trustee/Director & Member  Trustee/Director Only

### D. Member/Trustee/Director 4 (if applicable)

Mr  Mrs  Miss  Ms  Other

Family Name

Given Names

DOB

Place of Birth

Gender  Male  Female

Occupation

TFN

Email

Mobile

#### Residential Address – Member/Trustee/Director 4

No/Street

Suburb

State/Territory  Postcode

Trustee/Director & Member  Trustee/Director Only

# New SMSF Application Form

## PART D - SIGNATURES & CLIENT AGREEMENT

### 8. Agreement

By signing this form:

- I/We agree that Sequoia Superannuation Pty Ltd may collect, use and store my/our personal information for the purpose of processing my/our Application and to provide ongoing services. This complies with the relevant laws as well as in accordance with Sequoia Superannuation Privacy Policy, a copy of which can be provided on my/our request. Such information may include but is not limited to: Tax File Numbers (TFNs), Bank Account details, Drivers' Licence and Passport information. I/We also understand that I/we can request in writing this personal information that Sequoia Superannuation Pty Ltd holds on me/us.
- I/We hereby declare that the above information is true and correct at the time of completing this application form.
- In the case of a new SMSF & Corporate Trustee company (if applicable), I/we instruct Sequoia Superannuation Pty Ltd to provide the necessary documentation in order to establish the SMSF, SMSF Corporate Trustee and agree to the Establishment Fees provided to me/us. Sequoia Superannuation Pty Ltd requires payment within a month of the date this application form being signed and reserves the right to charge the Credit Card provided if payment is not received within that time.
- I/We acknowledge and agree that Sequoia Superannuation Pty Ltd is appointed as the administrator of my/our SMSF from the date this application form was signed and agree to Sequoia's fee schedules as updated from time to time and consent to the payment terms and conditions.
- I/We agree for Sequoia Superannuation Pty Ltd to undertake the ongoing Administration and Compliance Service of my/our new SMSF for a minimum of 2 years from the date this application form was signed.
- I/We agree if I/we choose to cease Sequoia Superannuation's SMSF Administration and Compliance Service (either explicitly or implied) with Sequoia Superannuation Pty Ltd before a period of no less than 2 years from the date this application form was signed, the Sequoia Super Establishment Package fee will be charged either to my credit card, or an invoice sent to me, in addition to a minimum 2 years of Ongoing Service fees as selected in Part A of this application form. For the avoidance of doubt, I/we agree that I am liable to pay these fees as at the date of this signed application form.
- I/we agree that in the case of an ATO Audit that either delays, rejects or withholds my ABN application I am liable to pay the Sequoia Super Processing Fee (\$550) and this will be charged to my Credit Card or Invoiced to me personally.
- I/we agree that if I/we remove any Sequoia Superannuation Authority/ Data feed(s) from a 3rd Party, Sequoia reserves the rights to deem this a cessation of service and charge fees as per above, and/or, cease any ongoing work on the SMSF and cancel the agreement.
- I/We choose Sequoia Superannuation Pty Ltd to look after the company secretarial matters (if applicable).
- I/We acknowledge that Sequoia Superannuation Pty Ltd will register the Corporate Trustee (if applicable) and Superannuation fund with the Australian Taxation Office for the purpose of acquiring an Australian Business Number and Tax File Number (where applicable).
- I/We agree to the release of information between Sequoia Superannuation Pty Ltd and my/our listed adviser/client representative as set out in section E of this application form.
- I/We authorise Sequoia Superannuation Pty Ltd to deduct its fees monthly from the SMSF bank account.
- I/We acknowledge that Sequoia Superannuation Pty Ltd does not provide financial advice and that I/we should seek personal financial planning advice before opening a SMSF, transferring any funds into my/our SMSF and before making any investments.
- I/we understand and accept that Sequoia Superannuation Pty Ltd accepts no responsibility for the quality and/or likely future performance of my/our Superannuation investments.
- I/We acknowledge that Sequoia Superannuation Pty Ltd is entitled to change the terms and conditions of this agreement, including the replacement of the administrator, with 30 days written notice or cancel this agreement without notice.
- I/We authorise Sequoia Superannuation Pty Ltd to collect the Adviser Service Fee in Section 10 and pay it through to the Listed 3rd Party in Section 9.
- I/We authorise Sequoia Superannuation Pty Ltd to act as an ASIC agent in respect to the SMSF company trustee (if applicable).

#### Member/Director/Trustee 1

Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

#### Member/Director/Trustee 2 (if applicable)

Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

#### Member/Director/Trustee 3 (if applicable)

Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

#### Member/Director/Trustee 4 (if applicable)

Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

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## PART F - ADVISER/CLIENT REPRESENTATIVE USE ONLY

### 9. Adviser/Client Representative

Name

AFSL Number

License Name

Company Name

ABN

#### Postal Address

No/Street

Suburb

State/Territory

Postcode

### 10. Adviser Service Fee

If your adviser has negotiated a fee for service to be paid from your fund it will be recorded here:

% based Fee (per annum)

Flat \$ Fee (per annum)

Implementation Fee (one off)

or

### Please return your completed form:

By post to: Sequoia Superannuation Pty Ltd  
GPO Box 4350  
SYDNEY NSW 2001

OR

Scan and email to: admin@sequoia.com.au

Please provide us with the following ID requirements to ensure that we have all the required information to process your rollover request:

Certified copy of your driver's license or passport

OR

Certified copy of birth/citizenship certificate

OR

You have previously provided copies of your ID to Sequoia Superannuation.

**Sequoia Superannuation**  
**Sydney | Melbourne**

Web: [www.sequoiasuper.com.au](http://www.sequoiasuper.com.au)  
Ph: 02 8114 2290  
Email: [admin@sequoia.com.au](mailto:admin@sequoia.com.au)