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ADMISSION OF MEMBER TO AN SMSF		Please complete all details in block letters
Firm ordering (if applicable):		
Person ordering:		
Street address:		
Postal address (if different):		
Phone:	Email:	
Tick here <input type="checkbox"/> if we are to invoice the fund's trustee (otherwise, our invoice will be made out to the person ordering)		
Documents will be delivered by email as PDF files	Tick here <input type="checkbox"/> for hardcopy delivery (fee applies)	

NAME OF FUND
Name of SMSF:
Please provide a copy of the current deed which is dated (dd/mm/yyyy):
Was this SMSF established, varied or updated by DBA previously? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide deed reference (eg, 1234:176026) (located on front of deed or cover letter): _____ : _____

COMPANY TRUSTEE			
Company name:			
ACN:			
Registered office:			
Full names of all directors			
T1		T2	
T3		T4	

OR, INDIVIDUAL TRUSTEES	
T1	Full name:
	Street address:
T2	Full name:
	Street address:
T3	Full name:
	Street address:
T4	Full name:
	Street address:

CURRENT MEMBERS	
M1	Full name: T1? <input type="checkbox"/>
	Street address:
M2	Full name: T2? <input type="checkbox"/>
	Street address:
M3	Full name: T3? <input type="checkbox"/>
	Street address:
M4	Full name: T4? <input type="checkbox"/>
	Street address:
Note that an SMSF has a maximum of 4 members.	

DETAILS OF EACH NEW MEMBER TO BE ADMITTED TO THE FUND		Complete below if member wishes to make a non-binding death nomination
AM1 - Full name: T1? <input type="checkbox"/>		Name of dependant M2? <input type="checkbox"/>
Street address	Date of birth (dd/mm/yyyy)	Relationship to member Spouse? <input type="checkbox"/>
		Dependant's percentage 100%? <input type="checkbox"/>
AM2 - Full name: T2? <input type="checkbox"/>		Name of dependant M1? <input type="checkbox"/>
Street address	Date of birth (dd/mm/yyyy)	Relationship to member Spouse? <input type="checkbox"/>
		Dependant's percentage 100%? <input type="checkbox"/>
AM3 - Full name: T3? <input type="checkbox"/>		Name of dependant M4? <input type="checkbox"/>
Street address	Date of birth (dd/mm/yyyy)	Relationship to member Spouse? <input type="checkbox"/>
		Dependant's percentage 100%? <input type="checkbox"/>
AM4 - Full name: T4? <input type="checkbox"/>		Name of dependant M3? <input type="checkbox"/>
Street address	Date of birth (dd/mm/yyyy)	Relationship to member Spouse? <input type="checkbox"/>
		Dependant's percentage 100%? <input type="checkbox"/>

Note that any member that is employed by another member or related entity must be a director of the employer-sponsor or a relative of such a director. Also, persons previously convicted of an offence involving dishonesty or who are bankrupt are disqualified from being admitted to an SMSF. Further, all members must be trustees or directors of the trustee company and all trustees or directors of the trustee company must be members of the Fund. Please note that the trustee structure must be amended before admitting a new member (s 17A(5) of the *Superannuation Industry (Supervision) Act 1993* (Cth)). Expert advice should be obtained if in doubt as severe penalties can be imposed for breach of the member/trustee rules. Please also complete a change of trustee order form if the trustees are individuals.

SPECIAL INSTRUCTIONS
Note that DBA is not licensed to provide financial product advice under the <i>Corporations Act 2001</i> (Cth).