

**INSTRUCTIONS FOR A SUPERANNUATION FUND
(Individual Trustee)**

Date _____
Firm _____ Contact _____
Address _____
_____ Email _____
Telephone _____ Facsimile _____

FUND DETAILS

Name of Fund									
Date of Fund									
Bankers to the Fund (Name and Branch)									
Governing Law	SA	VIC	NSW	QLD	WA	NT	TAS	ACT	
Stamp In:	SA	VIC	NSW	QLD	WA	NT	TAS	ACT	

TRUSTEES DETAILS

Full Name	Address	DOB	POB	Occupation

MEMBERS DETAILS

Full Name	Address	TFN	Sex	DOB
Principal Member				