

**Self managed superfund
Accounting and tax services appointment form**

Complete this form to appoint and request the services of Superannuation Accounting Services as accountant, tax agent and a nominee selected by Superannuation Accounting Services as auditor

Continue from previous page...

Trustee3

Tax file number

Date of birth DD / MM / YYYY

Address

Trustee 3 is a member of the fund

Trustee4

Tax file number

Date of birth DD / MM / YYYY

Address

Trustee 4 is a member of the fund

Director2

Tax file number

Date of birth DD / MM / YYYY

Address

Director 2 is a member of the fund

Director3

Tax file number

Date of birth DD / MM / YYYY

Address

Director 3 is a member of the fund

Please attach additional page if insufficient space

Part 4 Declaration and signature

I / We, the named trustee(s) in part 3 of this form declare that I am / we are authorised to act on behalf of the self managed superfund.

As trustee(s) of the self managed superfund, I / we appoint and request the services of Superannuation Accounting Services as accountant, tax agent and a nominee selected by Superannuation Accounting Services as auditor.

I understand that Superannuation Accounting Services may be required to liaise and lodge documents directly with the Australian Taxation Office in relation to the affairs of the self managed superfund. I / We consent to Superannuation Accounting Services doing this.

Superannuation Accounting Services and its related entities will collect, hold and use the personal information contained in this form to provide services to you and the trustee(s) of the self managed superfund.

Individual trustee / Director	Individual trustee / Director	Individual trustee / Director	Individual trustee / Director
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Adviser details

I am a financial planner other, please specify

Adviser name	<input type="text"/>	Telephone	<input type="text"/>
Name of firm	<input type="text"/>	Mobile	<input type="text"/>
Postal address	<input type="text"/>	Facsimile	<input type="text"/>
(if different)	<input type="text"/>	Email	<input type="text"/>
			<input type="text"/>

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Checklist

- Ensure all details for trustee(s) / director(s) is completed and accurate. Fund's Australian Business Number (ABN) / Tax File Number (TFN) are mandatory.
- Please attach a copy of the self managed superfund's Australian Business Number (ABN) registration issued by the Australian Taxation Office.

Returning the form

Fax completed form to:
(02) 9221 0564

Post completed form to:
Superannuation Accounting Services
GPO Box 4534
Sydney NSW 2001

Hand deliver form to:
Level 5
34 Hunter Street
Sydney NSW 2000

)] If you need help, call us on 1300 735 254.