



# RAPID COMPANIES [Fax No: (07) 3221 9982] – SMSF DEED ORDER FORM

FROM (Firm): \_\_\_\_\_  
 CONTACT: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

**PRICE:**  
**\$385 (incl. GST)**  
  Acknowledge Price

**PLEASE PRINT CLEARLY IN BLOCK LETTERS OR TYPE DETAILS**

**SMSF NAME REQUIRED:** \_\_\_\_\_  
**DATE OF FUND:** \_\_\_\_\_  
**ADDRESS FOR 1<sup>ST</sup> MEETING:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
**CHAIRMAN 1<sup>ST</sup> MEETING:** \_\_\_\_\_

**RELEVANT INDIVIDUALS:**  
**1** Full Name: (Surname First) \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Date and Place of Birth: \_\_\_\_\_  
*please ✓ applicable boxes:*  Member  Trustee  Director of Trustee Corporation (if applicable)

**2** Full Name: (Surname First) \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Date and Place of Birth: \_\_\_\_\_  
*please ✓ applicable boxes:*  Member  Trustee  Director of Trustee Corporation (if applicable)

**3** Full Name: (Surname First) \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Date and Place of Birth: \_\_\_\_\_  
*please ✓ applicable boxes:*  Member  Trustee  Director of Trustee Corporation (if applicable)

**4** Full Name: (Surname First) \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Date and Place of Birth: \_\_\_\_\_  
*please ✓ applicable boxes:*  Member  Trustee  Director of Trustee Corporation (if applicable)

**\*IF TRUSTEE IS A COMPANY**  
 Name of Company: \_\_\_\_\_  
 ACN/ARBN/ABN: \_\_\_\_\_  
 (At office of) C/- \_\_\_\_\_  
 unit of office \_\_\_\_\_ level \_\_\_\_\_ building name \_\_\_\_\_  
 street number and name \_\_\_\_\_  
 suburb/city \_\_\_\_\_ state/territory \_\_\_\_\_ postcode \_\_\_\_\_

**We confirm that our choice of Trustee is in compliance with the regulatory requirements for a Self Managed Superannuation Fund**  
 Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Credit Card Payments – Mastercard/Visa/Bankcard**  
 Credit Card Number: \_\_\_\_\_  
 Expiry Date: mm \_\_\_\_\_ yy \_\_\_\_\_ Authorised Amount to Deduct: \$ \_\_\_\_\_  
 Name on Card: \_\_\_\_\_ Cardholders Signature: \_\_\_\_\_

www.rapidcompanies.com.au

\* Complete where applicable

**This SMSF Deed is drawn and settled by a legal practitioner. All professional advice in relation to the establishment of this SMSF should be obtained by the Trustee/s.**