

SMSF Establishment

SMSF Establishment Checklist

Proposed SMSF Name

Second Choice

Proposed Trustee Company Name

Number of Ordinary Shares

Share Price

Member/Director Names

Member/Director 1

First Name

Middle Name

Surname

Directors ID Number

Member/Director 2

First Name

Middle Name

Surname

Directors ID Number

SMSF Establishment

Member/Director 3

First Name

Middle Name

Surname

Directors ID Number

Member/Director 4

First Name

Middle Name

Surname

Directors ID Number

Member/Director 5

First Name

Middle Name

Surname

Directors ID Number

Member/Director 6

First Name

Middle Name

Surname

Directors ID Number

SMSF Establishment

Member/Director Details

Member/Director 1

Name

Address

Date of Birth

TFN

Town of Birth

Member/Director 2

Name

Address

Date of Birth

TFN

Town of Birth

Member/Director 3

Name

Address

Date of Birth

TFN

Town of Birth

SMSF Establishment

Member/Director 4

Name

Address

Date of Birth

TFN

Town of Birth

Member/Director 5

Name

Address

Date of Birth

TFN

Town of Birth

Member/Director 6

Name

Address

Date of Birth

TFN

Town of Birth

SMSF Establishment

Existing Fund details for each member

Member/Director 1

Member Name

Fund Name

USI Number

Member Number

Member/Director 2

Member Name

Fund Name

USI Number

Member Number

Member/Director 3

Member Name

Fund Name

USI Number

Member Number

Member/Director 4

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Member Name

Fund Name

USI Number

Member Number

SMSF Establishment

Member/Director 5

Member Name

Fund Name

USI Number

Member Number

Member/Director 6

Member Name

Fund Name

USI Number

Member Number

Binding Death Nomination for each member

Member/Director 1

Member Name

Binding Death Nomination

Member/Director 2

Member Name

Binding Death Nomination

Member/Director 3

Member Name

Binding Death Nomination

SMSF Establishment

Member/Director 4

Member Name

Binding Death Nomination

Member/Director 5

Member Name

Binding Death Nomination

Member/Director 6

Member Name

Binding Death Nomination

Would you like to register for the following

- | | | |
|-----------------|-------------------------------|----------------------------------|
| Tax File Number | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ABN | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| GST | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| GST Method | <input type="checkbox"/> Cash | <input type="checkbox"/> Accrual |

Would you like to speak to a financial planner regarding the following

- | | | |
|----------------------------|------------------------------|-----------------------------|
| Income Protection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Life Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Critical Illness Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TPD Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |