



Excel Tax & Accounting

Self Managed Super Fund Setup Form

Please email or post this form to our office.

Email: info@exceltax.com.au

Address: 12 Cassan Way, Caroline Springs VIC 3023

Personal Information	
(Please circle one)	MR MRS MISS MS DR
Surname:	
First Names:	
Date of Birth	
Tax File Number	____ / ____ / ____
Residential Address:	
	Suburb: _____ Postcode: _____
Postal Address:	
<i>(If same as above leave blank)</i>	Suburb: _____ Postcode: _____
Telephone:	Home: _____ Bus: _____
	Mobile: _____ Fax: _____
Email Address:	
SMSF Information	
SMSF Name	
Start Date	
Trustee Type	Individuals / Company
Number of Trustees	

Members		
<i>Member One (if same as above leave blank)</i>	Full Name	
	TFN	
	Date of Birth	
	Address	
<i>Member Two</i>	Full Name	
	TFN	
	Date of Birth	
	Address	
<i>Member Three</i>	Full Name	
	TFN	
	Date of Birth	
	Address	
<i>Member Four</i>	Full Name	
	TFN	
	Date of Birth	
	Address	
Other		
<i>Other Comments</i>		

Please Note: We will be in contact with you to discuss Trustee Options and to obtain more information.