



SHELF
COMPANY SERVICES

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Self Managed Superannuation Fund

Firm (If any)	_____	Date	_____
Contact Person	_____	Phone	_____
Email	_____	Ref No.	_____

SHELF COMPANY SERVICES AUSTRALIA PTY LTD act only as agents in the provision of Trust Deeds. Each individual Deed is prepared by the Solicitors whose name appears on the cover sheet. Individuals or professional firms ordering a Trust Deed should satisfy themselves that the Deed meets their requirements.

- Full Documentation Hard Copy Version
- Digital Version

Name of Fund _____

Stamp duty

Please contact the Office of State Revenue regarding duty payable on the establishment of this deed.

Applicable law

The Deed will be governed and construed in accordance with the laws of the State or Territory in which the Trustee resides and the Commonwealth of Australia. If the Trustees are individuals, the applicable law shall be that of the State or Territory in which the member with the largest Member's Benefit resides.

Trustee(s)

A Self Managed Superannuation Fund ("SMSF") is a fund of no more than four members compliant with the requirements of the Superannuation Industry Supervision Act 1993 (Cth) and regulated by the Australian Taxation Office (ATO). Each member of a SMSF is also a trustee of the fund, whether as a director of the trustee company or in their individual capacity.

Name _____
(Full name or Company name and A.C.N.)

Address _____

Name _____
(Full name or Company name and A.C.N.)

Address _____

Name _____
(Full name or Company name and A.C.N.)

Address _____

Name _____
(Full name or Company name and A.C.N.)

Address _____

if the Trustee is a company, please give the full names of the Directors

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Members

Name _____
(Surname and all given names or Company name and A.C.N.)

Address _____

Name _____
(Surname and all given names or Company name and A.C.N.)

Address _____

Name _____
(Surname and all given names or Company name and A.C.N.)

Address _____

Name _____
(Surname and all given names or Company name and A.C.N.)

Address _____

D.O.B. Member 1	D.O.B Member 2	D.O.B Member 3	D.O.B Member 4
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Special Requirements

