

THE COMPANY PEOPLE

SUPERANNUATION FUND ORDER FORM – Page 1

THE COMPANY PEOPLE PTY LTD

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FIRM/PERSON PLACING ORDER

Firm Name:

Contact Name:

Address:

Phone:

Desired Name of SUPER FUND _____

***FIRST TRUSTEE(S)**

Name of first Trustee _____

(IF COMPANY INCLUDE A.C.N. NO.) _____

Registered Office/residential address _____

SECOND TRUSTEE

**** If personal Trustees minimum of 2 required**

Name of second Trustee _____

Registered Office/residential address _____

NOTE:

All Members must either be Directors of the Trustee Company or they must act as Personal Trustees

* If Corporate Trustee, Fund may be a Lump Sum or Pension Fund

** If personal Trustees, Fund will be a Pension Fund.

MEMBERS

1. Full name of Member _____

Residential address _____

2. Full name of Member _____

Residential address _____

3. Full name of Member _____

Residential address _____

4. Full name of Member _____

Residential address _____

