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INSTRUCTION SHEET
ESTABLISHMENT OF SUPERANNUATION FUND

TO: Attention:
Telephone No: (08)

Facsimile No: (08)

FROM: Contact:

PLEASE ESTABLISH A SELF MANAGED SUPERANNUATION FUND AS FOLLOWS:

NAME OF SUPERANNUATION FUND:

TRUSTEE #1

NAME:

ADDRESS:
.....

ABN:
(if corporate Trustee)

DATE OF BIRTH:
(if individual Trustee)

TRUSTEE #2

NAME:

ADDRESS:
.....

DATE OF BIRTH:

EMPLOYER/S (if any):

NAME:

ADDRESS:

.....

ABN:
(if a company)

As Trustee for:
(if contributing as a Trustee)

ADDRESS FOR
SERVICE OF NOTICES
ON THE FUND:

OUR ACCOUNT IS TO BE CHARGED TO:

NAME:

ADDRESS:

CORRESPONDENCE IS TO BE ADDRESSED TO:

NAME:

ADDRESS:

SIGNED:

DATED:/...../.....