**SUPERANNUATION FUND INSTRUCTION FORM**

**(Corporate Trustee)**

# DESIRED CORPORATE TRUSTEE NAME

……………………………………...................……… PTY LTD

or, if that is not available

……………………………………….......................… PTY LTD

# DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST SHAREHOLDER | | SECOND SHAREHOLDER | |
| Full Name: |  | Full Name: |  |
| Former Names (if any): |  | Former Names (if any): |  |
| Residential Address: |  | Residential Address: |  |
|  |  |  |  |
| Date of Birth: |  | Date of Birth: |  |
| Place of Birth: |  | Place of Birth: |  |
| Occupation: |  | Occupation: |  |

# I apply for the following shares in the Superannuation Fund: (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Number & Type: |  | Number & Type: |  |
| Amount Paid per Share: |  | Amount Paid per Share: |  |

# CONSENT TO ACT AS: (tick as applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| DIRECTOR: | □ |  | □ |
| SECRETARY: | □ |  | □ |
| PUBLIC OFFICER: | □ |  | □ |
| MEMBER: | □ |  | □ |

|  |  |  |  |
| --- | --- | --- | --- |
| Dated this day of 2014 | | Dated this day of 2014 | |
| ...................................................................... | | ...................................................................... | |
| Signature |  | Signature |  |
| ...................................................................... | | ...................................................................... | |
| Name (please print) | | Name (please print) | |

# REGISTERED OFFICE (if the company is not the occupier, the occupier must consent in writing)

Address: Maylands Business House

c/- Stephen K Shirley

199 Magill Road

MAYLANDS SA 5069

I, Stephen K Shirley, being the occupier of the premises, hereby consent to the use of this

address as the registered office of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name).

Dated this day of 2014

**...................................................................**

STEPHEN K SHIRLEY

# PRINCIPAL PLACE OF BUSINESS

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| THIRD SHAREHOLDER | | FOURTH SHAREHOLDER | |
| Full Name: |  | Full Name: |  |
| Former Names (if any): |  | Former Names (if any): |  |
| Residential Address: |  | Residential Address: |  |
|  |  |  |  |
| Date of Birth: |  | Date of Birth: |  |
| Place of Birth: |  | Place of Birth: |  |
| Occupation: |  | Occupation: |  |

# I apply for the following shares in the Superannuation Fund: (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Number & Type: |  | Number & Type: |  |
| Amount Paid per Share: |  | Amount Paid per Share: |  |

# CONSENT TO ACT AS: (tick as applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| DIRECTOR: | □ |  | □ |
| SECRETARY: | □ |  | □ |
| PUBLIC OFFICER: | □ |  | □ |
| MEMBER: | □ |  | □ |

|  |  |  |  |
| --- | --- | --- | --- |
| Dated this day of 2014 | | Dated this day of 2014 | |
| ...................................................................... | | ...................................................................... | |
| Signature |  | Signature |  |
| ...................................................................... | | ...................................................................... | |
| Name (please print) | | Name (please print) | |