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Client Details:

Company _____

Name _____ Email _____

Address _____

Delivery Address _____

Phone _____ Fax _____

SUPERANNUATION FUND ORDER FORM

Name of Fund: The _____

PLEASE COMPLETE IF TRUSTEE IS A COMPANY

Name of the trustee company _____

ACN of the trustee company _____

Address of the trustee company _____

Directors of the trustee company _____

Chairman of Directors of the trustee company _____

PLEASE COMPLETE IF TRUSTEE ARE NATURAL PERSONS

Name of the 1st trustee _____

Address of the 1st trustee _____

Name of the 2nd trustee _____

Address of the 2nd trustee _____

Name of the 1st Member: _____

Address of the 1st Member _____

Date of Birth of the 1st Member _____ Place of Birth _____

(Is this person "self Employed"? YES/NO)

If no, name of Employer _____

Address of Employer _____

Name of the 1st Members Beneficiary (in the event of the Members death) _____

Relationship of Beneficiary to 1st Member _____

Address of the 1st Members Beneficiary _____

Percentage of Death Benefit of Fixed Amount (%) _____

Name of the 2nd Member: _____

Address of the 2nd Member _____

Date of Birth of the 2nd Member _____ Place of Birth _____

(Is this person "self Employed"? YES/NO)

If no, Name of Employer _____

Address of Employer _____

Name of the 2nd Members Beneficiary (in the event of the Members death) _____

Relationship of Beneficial to 2nd Member _____

Address of the 2nd Members Beneficiary _____

Percentage of Death Benefit of Fixed Amount (%) _____

Name of the 3rd Member: _____

Address of the 3rd Member _____

Date of Birth of the 3rd Member _____ Place of Birth _____

(Is this person "self Employed"? YES/NO)

If no, name of Employer _____

Address of Employer _____

Name of the 3rd Members Beneficiary (in the event of the Members death) _____

Address of the 3rd Members Beneficiary _____

Percentage of Death Benefit of Fixed Amount (%) _____

Name of the 4th Member: _____

Address of the 4th Member _____

Date of Birth of the 4th Member _____ Place of Birth _____

(Is this person "self Employed"? YES/NO)

If no, Name of Employer _____

Address of Employer _____

Name of the 4th Members Beneficiary (in the event of the Members death) _____

Address of the 4th Members Beneficiary _____

Percentage of Death Benefit of Fixed Amount (%) _____
