

CNL

INCORPORATIONS

CNL

31 Albion Street
 Surry Hills NSW 2010
 www.incorporations.com.au

CORPORATE
 NETWORK
 LTD

abn : 79 079196768
 Ph : 02 9212 6399
 Fax : 02 9281 1970
 cnl@incorporations.com.au

SUPERANNUATION FUND INSTRUCTIONS

PART 1

FROM:	DATE	FIRM:
	ABN	ACN
	DESCRIPTION	(Accountants/Solicitors/etc)
	PARTNER	CONTACT
	SUITE/FL	BUILDING
	STREET NO. & NAME	SUBURB/CITY
	STATE	POSTCODE
	PHONE	FAX
	EMAIL	
	A NEW FUND	SIS UPDATE/CONVERSION PACKAGE
	<input checked="" type="checkbox"/> Paper \$350	<input checked="" type="checkbox"/> PDF only \$299 or
	<input checked="" type="checkbox"/> Paper \$260	<input checked="" type="checkbox"/> PDF only \$199
	NOTE: UPFRONT PAYMENT FOR PDF ONLY - SEE PAYMENT TAB	

I/WE ADVISE CORPORATE NETWORK LTD THAT: WE ACCEPT RESPONSIBILITY FOR PAYMENT OF YOUR CURRENT FEES; AND, HAVE READ AND AGREE TO THE TERMS AND CONDITIONS. ACCEPT

NAME OF FUND:	
LEGAL JURISDICTION	(NAME THE STATE WHERE THE DEED WILL BE STAMPED)
DATE TO BE SIGNED	(IF BLANK, DATE TO BE INSERTED WHEN DEED IS SIGNED)
ADDRESS OF FUND:	(FOR CORRESPONDENCE, SERVICE OF NOTICE, ETC)
AT THE OFFICE OF (C/-)	
SUITE/FL	BUILDING:
STREET NO. & NAME	SUBURB/CITY:
STATE	POSTCODE
CONTACT GIVEN NAME	
SURNAME	
PHONE	
TRUSTEE (s) MEETINGS	(PLACE)
BANK	BRANCH:
SIGNATORIES	
METHOD	SIGNATORIES JOINTLY: ANY ONE SIGNATORY ALONE
AUDITOR (FIRM)	
	(ADDR)

NOTES: **PARTIES:** PROVIDE DETAILS OF CORPORATE TRUSTEE (IF ANY) & MEMBERS IN PART 2
TRUSTEE: IF THE FUND TRUSTEE IS NOT A COMPANY, ALL THE MEMBERS (EXCLUDING EMPLOYER SPONSORS) WILL BE ASSUMED TO BE TRUSTEES.
 IF THE TRUSTEE IS A COMPANY, ALL MEMBERS (EXCLUDING EMPLOYER SPONSOR) WILL BE ASSUMED TO BE DIRECTORS.

TICK HERE IF TRUSTEE COMPANY IS BEING INCORPORATED BY CNL

NAME GIVEN NAMES _____
 SURNAME _____ ACN (IF A COY) _____

ADDRESS C/- _____
 UNIT/SUITE/FL _____ BUILDING _____
 STREET NO. & NAME _____
 SUBURB/CITY _____
 STATE _____ POSTCODE _____

ROLE IN FUND	NON MEMBER TRUSTEE	EMPLOYER SPONSOR
MEMBER TYPE	EMPLOYEE	SELF EMPLOYED
	SPOUSE OF MEMBER	OTHER

NAME GIVEN NAMES _____
 SURNAME _____ ACN (IF A COY) _____

ADDRESS C/- _____
 UNIT/SUITE/FL _____ BUILDING _____
 STREET NO. & NAME _____
 SUBURB/CITY _____
 STATE _____ POSTCODE _____

ROLE IN FUND	NON MEMBER TRUSTEE	EMPLOYER SPONSOR
MEMBER TYPE	EMPLOYEE	SELF EMPLOYED
	SPOUSE OF MEMBER	OTHER

NAME GIVEN NAMES _____
 SURNAME _____ ACN (IF A COY) _____

ADDRESS C/- _____
 UNIT/SUITE/FL _____ BUILDING _____
 STREET NO & NAME _____
 SUBURB/CITY _____
 STATE _____ POSTCODE _____

ROLE IN FUND	NON MEMBER TRUSTEE	EMPLOYER SPONSOR
MEMBER TYPE	EMPLOYEE	SELF EMPLOYED
	SPOUSE OF MEMBER	OTHER

NAME GIVEN NAMES _____
 SURNAME _____ ACN (IF A COY) _____

ADDRESS C/- _____
 UNIT/SUITE/FL _____ BUILDING _____
 STREET NO. & NAME _____
 SUBURB/CITY _____
 STATE _____ POSTCODE _____

ROLE IN FUND	NON MEMBER TRUSTEE	EMPLOYER SPONSOR
MEMBER TYPE	EMPLOYEE	SELF EMPLOYED
	SPOUSE OF MEMBER	OTHER

DETAILS OF MORE PARTIES ARE ATTACHED

TRUST NAME :	PART 3
NAME GIVEN NAMES _____	
SURNAME _____	ACN (IF A COY) _____
ADDRESS C/- _____	
UNIT/SUITE/FL _____	BUILDING _____
STREET NO. & NAME _____	
SUBURB/CITY _____	
STATE _____	POSTCODE _____
ROLE IN FUND _____	NON MEMBER TRUSTEE EMPLOYER SPONSOR
MEMBER TYPE _____	EMPLOYEE SELF EMPLOYED SPOUSE OF MEMBER OTHER
NAME GIVEN NAMES _____	
SURNAME _____	ACN (IF A COY) _____
ADDRESS C/- _____	
UNIT/SUITE/FL _____	BUILDING _____
STREET NO. & NAME _____	
SUBURB/CITY _____	
STATE _____	POSTCODE _____
ROLE IN FUND _____	NON MEMBER TRUSTEE EMPLOYER SPONSOR
MEMBER TYPE _____	EMPLOYEE SELF EMPLOYED SPOUSE OF MEMBER OTHER
NAME GIVEN NAMES _____	
SURNAME _____	ACN (IF A COY) _____
ADDRESS C/- _____	
UNIT/SUITE/FL _____	BUILDING _____
STREET NO. & NAME _____	
SUBURB/CITY STATE _____	
POSTCODE _____	
ROLE IN FUND _____	NON MEMBER TRUSTEE EMPLOYER SPONSOR
MEMBER TYPE _____	EMPLOYEE SELF EMPLOYED SPOUSE OF MEMBER OTHER
NAME GIVEN NAMES _____	
SURNAME _____	ACN (IF A COY) _____
ADDRESS C/- _____	
UNIT/SUITE/FL _____	BUILDING _____
STREET NO. & NAME _____	
SUBURB/CITY _____	
STATE _____	POSTCODE _____
ROLE IN FUND _____	NON MEMBER TRUSTEE EMPLOYER SPONSOR
MEMBER TYPE _____	EMPLOYEE SELF EMPLOYED SPOUSE OF MEMBER OTHER
<input type="checkbox"/> DETAILS OF MORE PARTIES ARE ATTACHED	

TRUST NAME :		PART 4	
NAME GIVEN NAMES			
SURNAME			ACN (IF A COY)
ADDRESS C/-			
UNIT/SUITE/FL			BUILDING
STREET NO. & NAME			
SUBURB/CITY			
STATE			
ROLE IN FUND	NON MEMBER TRUSTEE	EMPLOYER SPONSOR	
MEMBER TYPE	EMPLOYEE	SELF EMPLOYED	SPOUSE OF MEMBER
			OTHER
NAME GIVEN NAMES			
SURNAME			ACN (IF A COY)
ADDRESS C/-			
UNIT/SUITE/FL			BUILDING
STREET NO. & NAME			
SUBURB/CITY			
STATE			
ROLE IN FUND	NON MEMBER TRUSTEE	EMPLOYER SPONSOR	
MEMBER TYPE	EMPLOYEE	SELF EMPLOYED	SPOUSE OF MEMBER
			OTHER
NAME GIVEN NAMES			
SURNAME			ACN (IF A COY)
ADDRESS C/-			
UNIT/SUITE/FL			BUILDING
STREET NO. & NAME			
SUBURB/CITY			
STATE			
ROLE IN FUND	NON MEMBER TRUSTEE	EMPLOYER SPONSOR	
MEMBER TYPE	EMPLOYEE	SELF EMPLOYED	SPOUSE OF MEMBER
			OTHER
NAME GIVEN NAMES			
SURNAME			ACN (IF A COY)
ADDRESS C/-			
UNIT/SUITE/FL			BUILDING
STREET NO. & NAME			
SUBURB/CITY			
STATE			
ROLE IN FUND	NON MEMBER TRUSTEE	EMPLOYER SPONSOR	
MEMBER TYPE	EMPLOYEE	SELF EMPLOYED	SPOUSE OF MEMBER
			OTHER