

CNL

INCORPORATIONS

CNL

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Surry Hills NSW 2010
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**CORPORATE
NETWORK
PTY 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 \$375 <input checked="" type="checkbox"/> PDF only \$250 or	<input checked="" type="checkbox"/> Paper \$285 <input checked="" type="checkbox"/> PDF only \$160
	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:	<p>PARTIES: PROVIDE DETAILS OF CORPORATE TRUSTEE (IF ANY) & MEMBERS IN PART 2</p> <p>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.</p>	
	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		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