

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 \$395	<input checked="" type="checkbox"/> PDF only \$250 or
	<input checked="" type="checkbox"/> Paper \$295	<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: **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			
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