Self-Managed Super Fund (SMSF) Setup — Fillable Client Form

Use this form to provide the details we need to establish your Self-Managed Super Fund (SMSF). An SMSF is a significant compliance undertaking — we will walk you through trustee responsibilities, the sole-purpose test, and the investment strategy requirements before establishment. Save the completed PDF and email it back to info@trinitygroup.com.au.

Useful government links
- ATO SMSF — trustee responsibilities: ato.gov.au/smsf
- Director ID (corporate trustee): abrs.gov.au/director-identification-number
- SuperStream / ESA providers list: ato.gov.au/superstream
- Trustee declaration form (NAT 71089): ato.gov.au/trustee-declaration

1. Fund Details

☐ **Proposed fund name**

e.g. 'Smith Family Super Fund'.

☐ **Proposed commencement date**

2. Trustee Structure

☐ **Individual trustees — every member must be a trustee (minimum 2 trustees for a sole-member fund)**

☐ **Corporate (Pty Ltd) trustee — STRONGLY recommended. Required if the fund may ever borrow to invest (LRBA) — most banks will NOT lend to an SMSF with individual trustees. Also gives single-member funds proper structure and improves continuity on death or incapacity.**

☐ **Existing corporate trustee — company name and ACN (if already incorporated)**

Leave blank if we are also incorporating the trustee company.

☐ **Corporate trustee — preferred company name (1st choice)**

We will check ASIC name availability. Please give us three options in case one is taken.

☐ **Corporate trustee — 2nd choice name**

Used if the 1st choice is unavailable.

☐ **Corporate trustee — 3rd choice name**

Used if both above are unavailable.

☐ **Corporate trustee — registered office address**

Where ASIC will send notices. You may use our office (159 Stoney Creek Road, Beverly Hills NSW 2209) with our consent.

☐ **Corporate trustee — principal place of business (if different from registered office)**

3. Member Details (max 6 members)

☐ **Member 1 — full name**

Each member is also a trustee or director of the corporate trustee.

☐ **Member 1 — date of birth**

☐ **Member 1 — residential address**

☐ **Member 1 — Tax File Number (TFN)**

☐ **Member 1 — Director ID (if corporate trustee)**

Apply at abrs.gov.au.

☐ **Member 1 — current super fund and member number**

We will arrange the rollover after fund registration.

☐ **Member 2 — full name (if applicable)**

☐ **Member 2 — date of birth**

☐ **Member 2 — residential address**

☐ **Member 2 — Tax File Number**

☐ **Member 2 — Director ID (if corporate trustee)**

☐ **Member 2 — current super fund and member number**

☐ **Additional members (if any) — name, DOB, current fund details**

4. Investment Strategy — initial intent

☐ **Investment objectives (capital growth, income, capital preservation, etc.)**

☐ **Proposed asset allocation — broad indication only**

e.g. Australian shares 40%, international shares 20%, property 25%, cash 15%.

☐ **Will the fund invest in direct property?**

☐ **Will the fund borrow to invest (Limited Recourse Borrowing Arrangement)?**

☐ **Will members hold life or TPD insurance through the fund?**

5. ATO Registrations

☐ **Apply for ABN and TFN**

☐ **Elect to be a regulated SMSF with the ATO**

☐ **Register for GST (only required if turnover above $75,000 — rare for SMSFs)**

6. Trustee Compliance — please confirm

☐ **Each trustee will sign the ATO Trustee Declaration (NAT 71089) within 21 days of appointment**

☐ **I understand the sole-purpose test — fund must be for retirement benefits**

☐ **I understand the in-house asset rule (5% limit on related-party investments)**

☐ **I understand annual financial statements and an independent audit are mandatory**

☐ **I understand SMSF assets must be kept separate from personal assets**

7. Banking & SuperStream

☐ **Proposed bank for SMSF account**

Account must be in the fund name with the ABN/TFN.

☐ **Preferred Electronic Service Address (ESA) provider**

Required for SuperStream rollovers and contributions.

☐ **I understand all fund cash flows must run through the SMSF bank account**

8. Estate Planning

☐ **I want to put binding death benefit nominations in place at establishment**

☐ **I want to discuss reversionary pension arrangements**

9. Notes / Anything else we should know

Signed (type your name)

Date

How to return this form to Trinity

1. Click each input field above and type your details.
2. Save the completed PDF (*File → Save* or *Ctrl+S / Cmd+S*).
3. Email the saved PDF to **info@trinitygroup.com.au** (click to open your mail app pre-filled).
4. Or print and drop in at **159 Stoney Creek Road, Beverly Hills NSW 2209**.

Tip — to print: press Ctrl+P (Windows) or Cmd+P (Mac).