



# CLIME SUPER APPLICATION FORM

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Clime Asset Management Pty Limited | ACN 098 420 770 | AFSL Number 22114



PLEASE PRINT IN BLACK OR BLUE PEN, IN UPPER CASE

## STEP 1 – COMPLETE YOUR FUND DETAILS

### Self – Managed Super Fund Name (e.g. Jones Family Super Fund)

There are no statutory naming standards for self-managed super funds. Two self-managed super funds may have the same fund name.

Self-managed super funds have unique statutory numbers (ABN) not names. Therefore, you can call your fund whatever you like. However, it is common that the words 'Superannuation Fund' or 'Retirement Fund' are used.

Fund Name

\_\_\_\_\_ Superannuation Fund.

## TRUSTEE(S) DETAILS

### SECTION A

Clime Super includes establishment with your chosen company name, directors shareholders etc. in place, You will be provided with all the necessary forms to enable to occur in the Establishment Package. At this stage we just need the proposed name to make sure it is available and so we can provide you with the appropriate fund Establishment Package.

### Preferred Company Name (e.g. Jones Family Super Fund Pty Ltd)

Please note we are required to search the ASIC register of company names to make sure this name, or a name similar to it is not already in use by another company. If none of the proposed names below are available, we will contact you and you will need to choose another name.

\_\_\_\_\_ Pty Ltd

## STEP 2 – CONTACT DETAILS

### Contact Person

The name of the contact person who the regulator (ATO) may contact, at first instance, about the fund.

Title            Mr             Mrs             Ms             Miss             Dr

Given Name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

**SECTION B**

**Trustee/Director 1**

Title Mr  Mrs  Ms  Miss  Dr

Gender M  F

Date of Birth   /   /

T.F.N.

Place of Birth \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Mothers Maiden Name \_\_\_\_\_

Street Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Will this person also be a member of this self-managed super fund? Y  N

**Trustee/Director 2**

Title Mr  Mrs  Ms  Miss  Dr

Gender M  F

Date of Birth   /   /

T.F.N.

Place of Birth \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Mothers Maiden Name \_\_\_\_\_

Street Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Will this person also be a member of this self-managed super fund? Y  N

**Trustee/Director 3**Title Mr  Mrs  Ms  Miss  Dr Gender M  F Date of Birth   /   /    T.F.N.      

Place of Birth \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Mothers Maiden Name \_\_\_\_\_

Street Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Will this person also be a member of this self-managed super fund? Y  N **Trustee/Director 4**Title Mr  Mrs  Ms  Miss  Dr Gender M  F Date of Birth   /   /    T.F.N.      

Place of Birth \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Mothers Maiden Name \_\_\_\_\_

Street Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Will this person also be a member of this self-managed super fund? Y  N

## STEP 4 - SIGNATURES

By signing below, I / we declare that I / we:

- agree to acquire the Clime Super service and understand this includes both the Establishment Services and the Administration Services.

- agree to the cost of the Establishment Services referred to in the Administration Agreement and wish to proceed with establishment of a self-managed super fund and corporate trustee, in accordance with the information entered on this Application.

- agree to the cost of the Administration Services referred to in the Administration Agreement and understand that the Trustee(s) indicated in Section B of this Application will be required to enter into an Administration Agreement detailing these services.

### Trustee/Director 1

X

Date   /   /

(Signature)

### Trustee/Director 2

X

Date   /   /

(Signature)

### Trustee/Director 3

X

Date   /   /

(Signature)

### Trustee/Director 4

X

Date   /   /

(Signature)

Please make cheque payable to Clime Super and send cheque with completed Application Form to:

**Clime Super**  
PO BOX 200  
Wollongong NSW 2520  
  
Telephone: 02 4254 6500  
Email: [admin@climesuper.com.au](mailto:admin@climesuper.com.au)