



CLIME SUPER APPLICATION FORM

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 1Title Mr Mrs Ms Miss Dr Gender M F Date of Birth / / T.F.N.

Country 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.

Country 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.

Country 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.

Country 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 wish to proceed with establishment of a self-managed super fund and corporate trustee if applicable, in accordance with the information entered on this Application.

- understand that the Trustee(s) indicated in Section B of this Application will be required to enter into a Super Engagement agreement detailing these services which will be provided by Clime Super after contact with me/us.

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