

## **Discounted Deed Voucher**

Request to Establish / Amend a Superannuation Fund Trust Deed Superannuation Seminar Attendees Only (50% discount on a fund establishment or amendment) Expires 30 June 2021

Fund Name:	Sı	Superannuation Fund				
		The Trustee seeks Regulated Fund Status under Corporations (Company Trustee) or □ Pensions Power (Individual Trustee)				
Fund Commencemen	nt Date://	Fund Variation Date:	//	′		
	ployer (complete if applicable)					
Current Principal Empl	oyer:	A.C.N.:				
Registered Office Addr	ess:					
Directors of Principal E	Employer:					
Corporate Trustee De	etails (complete if applicable)					
Company Name:		A.C.N.:				
Registered Address:						
Directors of Corporate	Trustees:					
Members & Individua	l Trustees					
Full Name: (Prof / Dr / I	Mr / Mrs / Miss / Ms)					
Address:						
Date of Birth:/_	/	Occupation:				
☐ Member ☐ Directo	or □ Individual Trustee	Eligible Service Date:	/	/		
Full Name: (Prof / Dr / I	Mr / Mrs / Miss / Ms)					
Address:						
Date of Birth:/_	/	Occupation:				
☐ Member ☐ Directo	or □ Individual Trustee	Eligible Service Date:	/	/		
Full Name: (Prof / Dr / I	Mr / Mrs / Miss / Ms)					
Address:						
Date of Birth:/_	/	Occupation:				
☐ Member ☐ Directo	or □ Individual Trustee	Eligible Service Date:	/	/		
Full Name: (Prof / Dr / I	Mr / Mrs / Miss / Ms)					
Address:						
Date of Birth:/_	/	Occupation:				
☐ Member ☐ Directo	or □ Individual Trustee	Eligible Service Date:	/	/		
Accountant Declarati	on					
	has received a Statement of Advice a Statement of Advice (SoA)	(SoA) and the above is consiste	ent with th	is advi	ce.	
Contact Name:		Telephone:				
Address:	Fax:					
	Signed:					
For Establishment:	Please provide the completed applicati					
	email to super@tagfinancial.com.au	-		-	-	
For Amendment:	Please provide a scanned copy of the with the completed application form to		ments there	eto, toge	ether	

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