



# Trustee Application Form

# SMERF

SUPER MONEY ELIGIBLE ROLLOVER FUND

ABN:94 334 023 289 SFN:511 787 055 RSE:R1001372

Trustee: CCSL Limited

(ABN:51 104 967 964 AFSL:287 084 RSEL:L0000758)

This form is issued together with a Product Disclosure Statement (PDS). Application is made to the Trustee, CCSL Ltd. The applying trustee makes this application on behalf of those of its members whose benefit will be transferred to the SMERF. The application will be accepted and admission to the fund will commence when the initial rollovers are accepted by the Trustee. The SMERF is a resident regulated superannuation fund within the meaning of Superannuation Industry (Supervision) Regulations 1994 (SIS) and is not subject to a direction under section 63 of SIS.

Trustee Name

Fund Name

Trustee Postal Address - Street/RMB/PO Box etc.

Suburb/Town/Shire etc.

State

Post Code

Contact Name

Contact Position

Telephone Number

Facsimile Number

(   )

(   )

Mobile Number

ACN

-  -

ABN

-  -  -

E-mail Address

### Declaration

I/We agree to provide the Trustee with all information and to do all such things as the Trustee requires to comply with Government requirements relating to the Superannuation Guarantee legislation.

I/We declare that I/We have received and read the SMERF PDS, including the privacy statement.

I/We declare that the details in this form are true and correct.

This application is dated  /  /

Authorised Signature

X - SIGN HERE

Please send this completed form to:

SMERF  
PO Box N835  
Grosvenor Place NSW 1220  
Tel No: 1800 114 380  
8.30am to 5pm Monday to Friday (Sydney Time)  
Website: www.smerf.com.au  
Email: administration@smerf.com.au

