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)

Trustee Application Form

SMERF

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

Trustree 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
Locked Bag 8840
Wollongong NSW 2500
Tel No: 1800 114 380
Fax No: 1800 118 307
8am to 10pm Monday to Friday (Sydney Time)
Website: www.smerf.com.au
Email: administration@smerf.com.au