

## ORDER FOR A SUPERANNUATION TRUST FUND

**PLEASE SUBMIT PAYMENT WITH ORDER (SEE ATTACHED).**

**NAME OF PROPOSED FUND:**

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**ADDRESS OF FUND:**

(Address for service of notices by the ATO on the Fund. Please ensure that a street address is included)

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**MAILING ADDRESS:**

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**DATE OF COMMENCEMENT:**

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**TRUSTEE(S):**

(Advise Address(s) & Contact Phone & Fax Numbers)

(If a Corporation, advise ACN, name of all Directors, Chairman & Registered Office)

Trustee Name	Address	Phone Number	Facsimile Number
1)			
2)			
3)			
4)			

**ARE THE GOVERNING RULES OF THE FUND TO PROVIDE THAT THE SOLE OR PRIMARY PURPOSE OF THE FUND IS THE PROVISIONS OF OLD AGE PENSIONS?** Yes  No

**IS THE FUND TO BE AN EXCLUDED FUND (1 TO 4 MEMBERS)?**

Yes  No

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**PRIMARY EMPLOYER**

Name:

Address:

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**MEMBERS:**

Member Name	Address	Date of Birth
1)		
2)		
3)		
4)		

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ORDERED BY:

NAME/ADDRESS OF FIRM:

TEL:

FAX:

DATE:

## **MCP BUSINESS STRUCTURES PAYMENT FORM**

### **PAYMENT BY DIRECT DEPOSIT**

MCP Business Structures  
Bank: ANZ  
BSB: 013 006  
Account No. 491795994

Please email or fax evidence of your payment.

Fax: (03) 9620 2002 or email: [accounts@mcpgroup.com.au](mailto:accounts@mcpgroup.com.au)

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### **PAYMENT BY CREDIT CARD**

TO PROCESS YOUR PAYMENT PLEASE RETURN

Please Tick



Cardholders Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date \_\_\_\_\_ / \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Invoice Number/Matter: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

In addition, I hereby authorise you to use the above credit card details for payment of all future accounts for orders with MCP Business Structures until further notice.

Signature: \_\_\_\_\_

Thank you for your business.

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