

SamarasLawyers

SELF MANAGED SUPERANNUATION FUND ESTABLISHMENT INSTRUCTION SHEET

Fund Name		
Trustee Name if Company		
Trustee ACN		If Single member, sole Director: Yes No
Trustee Address		
Member no. 1 name		
Address		
Date of Birth		
Member no. 2 name		
Address		
Date of Birth		
Member no. 3 name		
Address		
Date of Birth		
Member no. 4 name		
Address		
Date of Birth		

Postal Address: PO Box 2717, Taren Point NSW 2229
T: (02) 9247 1111 | **Fax:** (02) 9247 2222 | **E:** office@samaraslawyers.com.au
W: www.samaraslawyers.com.au

Send via (tick either or both)	Email Email address: Courier
Address (if Courier)	Courier address:
Special Instructions	

Payment Options

(a) Please charge my credit card (if you choose this option please complete and fax or email this page to 02 9247 2222 or office@samaraslawyers.com.au)	
Card Type Type (surcharge fee applies)	Visa MasterCard American Express
Card No:	
Expiry Date:	____ / ____
Credit Card CCV No. <i>(the last digits on front or reverse of card)</i>	
Name on Card	
Amount	
Cardholders Signature	
(b) Paying an invoice by direct deposit (please provide a reference):	Bank: National Australia Bank Name: Samaras Lawyers Branch Number: 082 057 Account Number: 1964 08066
(c) Paying an amount into our trust account by direct deposit (please provide a reference):	Bank: National Australia Bank Name: Samaras Lawyers Law Practice Trust Account Branch Number: 082 057 Account Number: 1964 49247
(d) Post a cheque or money order to:	Samaras Lawyers PO Box 2717 Taren Point NSW 2229