

## 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)

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**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:**

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**ORDERED BY:**

**NAME/ADDRESS OF FIRM:**

**TEL:**

FAX:

DATE:

## MCP BUSINESS STRUCTURES PAYMENT FORM

REGARDING YOUR TAX INVOICE

ABN: 47 094 435 015

### 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 \_\_\_\_\_ / \_\_\_\_\_ CCV#: \_\_\_\_\_ 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. \_\_\_\_\_