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**ORDER FORM - TRUST DEED**

**From:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Ph:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**PRICE \$375.00** (Subject to change on notice) Payment COD

**SUPERANNUATION FUND**

**NAME of FUND:** \_\_\_\_\_

**DATE** / /

**IF TRUSTEE IS A COMPANY: COMPANY NAME**

\_\_\_\_\_

**ACN** \_\_\_\_\_

**NAMES OF TRUSTEE(s) (Max 4) or DIRECTORS if COMPANY: ACN**

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYER/SPONSOR:** \_\_\_\_\_

**ACN (if company)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TRUSTEE(S) / MEMBERS' DETAILS:**

1.NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

2.NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

3.NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

4.NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

We authorise you to debit our Bank Card/Visa/Mastercard for the sum of \$ \_\_\_\_\_

Card Holder \_\_\_\_\_ Card No.....

Signature..... Expiry Date / /

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THIS COMPLETED FORM SHOULD BE RETURNED TO OUR OFFICE ON FAX (07) 5520 1488  
PLEASE CONTACT US IF YOU REQUIRE ANY ASSISTANCE