



KINETIC PARTNERS
CHARTERED ACCOUNTANTS
PH: 02 8041 7359



TRUST/SMSF SETUP FORM:

Proposed Name:

Member/Trustee:

Last Name:			
First Name:			
Other Given Names:			
Address Line 1:			
Address Line 2:			
Mobile No.		Home Ph:	
Email Address:			

TFN:		
Date of Birth:		
Place of Birth (City, Country):		

Beneficiary 1:				
	Relation:		Ratio:	
Beneficiary 2:				
	Relation:		Ratio:	

Financial Advice:	(please Select one)					
	Sought:		Needed:		Don't need:	

Signature of Trustee:		Date: