

SMSF

To assist your client in opening a Bank Account in the SMSF's name, please read the following requirements.

What we need

- A letter to the bank to facilitate the opening of an account (Sample template attached on Page 3);
- A certified copy of the SMSF deed;
 - Original or an original, certified copy or certified extract of the signed trust deed
- Certified copy of Custodian Trust Deed;
- Full name of the Superannuation Fund;
- A Tax File Number (TFN) or Australian Business Number (ABN) for the Self-Managed Superannuation Fund;
- Industry type or code;
- Details for each member of the SMSF.

Who needs to visit a branch with ID?

- One individual trustee
- One corporate trustee (if any)
- Anyone else that you would like to operate the account

Type of ID

- Passport
- Australian or New Zealand driver's licence

OR

- Two of the following non-photographic documents
 - Australian or foreign birth certificate
 - Australian or foreign citizenship certificate
 - Centrelink pension or health card

OR

- One of the listed non-photographic documents and one of the following
 - A commonwealth, State or Territory-issued notice issued to you that clearly shows your full name and residential address
 - An Australian Tax Office notice that clearly shows your full name and residential address
 - Utilities notice from a local government body or utilities provider that clearly shows your full name and residential address
 - Your overseas driver's licence (digital driver's license is not accepted)

- If the Trustee of this Self-Managed Super Fund is a corporate entity, you will need to provide the bank with a copy of the trustee company's Constitution.
- If you did not provide your SMSF's financial institution details when you registered your Fund, you must provide this information now.

To: The Bank Manager,
RE: [Entity_Name]

As the Authorised Representative/s of [Entity_Name] being a Self-Managed Superannuation Fund, enclosed is a copy of the Deed and a letter to the bank manager to facilitate the opening of a bank account.

With authority that has been duly given, I/we wish to operate a bank account with:

.....

Please Print Name of Bank & Branch

The Authorised Representative/s (and their respective position in the Super Fund) is/are:

.....

Please Print Name/s and Position/s

By signing below, the Authorised Representative/s:

- Acknowledge/s that the bank will collect their details in order to allow them operate on the bank account;
- Confirm/s that proper authority has been provided and the details given are true and correct.

.....

Signature

.....

Print name

.....

Signature

.....

Print name

The signatories are authorised to sign all cheques, promissory notes, bill of exchange, bankers order, endorsements, guarantees and other documents relative to the said bank account and to bind this Company to the terms thereof.