

Super withdrawal package order form

Please complete this form and email to Phil Broderick at pbroderick@sladen.com.au or call (03) 9611 0163 to chat to Phil directly. You will be sent an invoice for payment after we receive this form.

Contact <i>(enter your contact details here)</i>		
Name		
Firm		
Tel		
Name of fund		
Member details 1 <i>(If there is more than two members insert their details on a separate instruction sheet)</i>		
Full name		
Address		
Date of Birth		
Member details 2		
Full name		
Address		
Date of Birth		
Trustee of the fund		
Full name		
ACN <i>(if applicable)</i>		
Address		
Directors <i>(if applicable)</i>		
Chair <i>(chair of directors/ trustees)</i>		
Trustee will execute documents as:		
Natural person	<input type="checkbox"/>	
A company will execute documents in one of the following ways in accordance with its constitution:	With seal	Without seal
Director and second director or secretary	<input type="checkbox"/>	<input type="checkbox"/>
Sole director and sole secretary	<input type="checkbox"/>	<input type="checkbox"/>
Sole director and no secretary	<input type="checkbox"/>	<input type="checkbox"/>



Enduring Powers of Attorney (If there is more than two attorneys insert their details on a separate instruction sheet)			
Name(s) of first/ sole attorney			
Address of attorney			
Occupation			
Name(s) of second/ alternate attorney		Second attorney* <input type="checkbox"/>	Alternative Attorney* <input type="checkbox"/>
Address			
Occupation			
Special comments/ Instructions			