



MELBOURNE  
**ACCOUNTING**  
PARTNERS

## SUPERFUND ORDER FORM

<b>TRUST NAME</b>					
<b>ADDRESS</b>					
<b>REGISTERED OFFICE</b>	L 27, 101 COLLINS STREET MELBOURNE VIC 3000				
<b>TRUSTEES</b>	<b>NAME</b>	<b>DOB (OR A.C.N. IF COMPANY)</b>	<b>PLACE OF BIRTH (TOWN/COUNTRY) IF APPLICABLE</b>	<b>ADDRESS</b>	<b>TFN</b>
1					
2					
3					
4					
<b>BENEFICIARIES</b>	<b>NAME</b>	<b>DOB</b>	<b>PLACE OF BIRTH (TOWN/COUNTRY)</b>	<b>RESIDENTIAL ADDRESS</b>	<b>NO. OF SHARES</b>
1					
2					
3					
4					
5					

SIGNED BY CLIENT:

DATED: