

SINGLE FUND DETAILS FORM

Fund Name	
Fund ABN	
Date Established	
Corporate Trustee Details Company Name ACN	
Members 1 Full Name Date of Birth Pension/Accumulation Individual Trustee Yes / No Member 2 Full Name Date of Birth Pension/Accumulation Individual Trustee Yes / No <i>Provide additional member details on a separate sheet.</i>	
Year to be Audited	
Prior Year Auditor Details (Provide name and address for ethical clearance letter) <i>Required if this is the first audit to be conducted by ROSATI WANG Super.</i>	

Email completed form to trosati@rosatiwang.com or facsimile to 03 5782 1127