|  |  |
| --- | --- |
| First name\* |  |
| Last name\* |  |
| Email\* |  |
| Address\* |  |
| Mobile phone\* |  |
| Business Phone \* |  |
| Company/Organisation name\* |  |
| Occupation\* | An SMSF trustee/member  An accountant  An SMSF auditor  An adviser  Other professional |
| No of SMSFs managed\* |  |
| Subscription type\* |  |

Gabriela Rusu Superannuation Services subscription form

Fill in the form below to request a call back to discuss our services

\**Please complete this mandatory field*

Once you have completed this form, please submit it to [grusu@grsuper.com.au](mailto:grusu@grsuper.com.au). By submitting this form, you consent to being contacted by us. We will never share your details with anyone. For more details, please review our Privacy Policy.