SMSF Transfer Form



Download to complete as a PDF and click the submit button at the end to automatically email it back to us. You can also return the completed form to transitions@heffron.com.au or mail to PO Box 200 Maitland NSW 2320.

SECTION A: ACCOUNTANT/ADVISER DETAILS

Contact person				Firm n	Firm name			
Postal address								
Suburb	·		State			Postcode		
Phone		Email						
Mobile CC email								
I do r	not wish to receive any doc	uments via an	electronic s	igning p	latfor	n		
Please sel	ect an alternate/secondary	method for del	livery:	Emai	I		<u>OR</u>	Post
Please sel	ect who the documents sho	ould be delivere	d to:	Acco	untant	/Adviser	<u>OR</u>	Individual 1

SECTION B: FUND DETAILS (Tick ☑ whichever is applicable)

SMSF name			
ABN			
Trustee structure	Individual trustees	Corporate trustee (Complete company name and ACN	below)
Company name		ACN	
This fund has	a corporate custodian/borrowing trust		
Company name		ACN	

SECTION C: HEFFRON ADMINISTRATION SERVICE DETAILS

Financial year from which Heffron	is taking over:								
Administration package:	Streamlined	Standard	Advanced						
Is the SMSF registered for GST?	No								
	Yes – Reports and pays GST annually								
	Yes – Reports and pays GST quarterly (Additional fees apply)								
Would you like Heffron to act as the mailing address for the SMSF?									
(Additional fees apply - This relates to the	mailing address for the Fund'	s investments only)							
Would you like Heffron to become the ASIC agent and registered office for the corporate trustee?									
(Additional fees apply)									
Would you like Heffron to become	the ASIC agent and reg	istered office for the c	orporate custodian?	Yes					
(Additional fees apply)									

SECTION D: PREVIOUS ADMINISTRATOR/ACCOUNTANT DETAILS

Contact pe	erson				Firm n	ame			
Postal add	Iress								
Suburb					State			Postcode	
Phone			Email						
Note: We	recom	mend speaking to the	previous acco	untant/adm	ninistrat	or to i	nform the	m of the trans	fer to Heffron
for SMSF A	4dmini:	stration							



SECTION E: DETAILS OF MEMBER(S), TRUSTEES/DIRECTOR(S) ETC (Tick ☑ whichever is applicable)

INDIVIDUA	L1		Member	Indi	vidua	ridual Trustee (Corpora					Director (Corporate custodian)
Full <u>legal</u> na (First/Middle/											
Title					Preferred Name (if different from First name) Date of birth (dd/mm/yyyy) State State Mobile Vidual Trustee Preferred Name (if different from First name) Date of birth (dd/mm/yyyy) State State Vidual Trustee Mobile State						
Gender		Male	e Female	Other							
Residential	Residential address										
Suburb						State				Postcode	
Postal addr	tal address								As above		
Suburb		State					Postcode				
Email					Preferred Name						
Phone						Mobile					
INDIVIDUA	VIDUAL 2		Member	Indi	vidua	l Trustee		(Corp			Director (Corporate custodian)
Full <u>legal</u> name (First/Middle/Last)											
Title											
Gender		Male	e Female	Other	Date of birth						
Residential	addre	ess									
Suburb						State				Postcode	
Postal addr	ess										As above
Suburb						State				Postcode	
Email											
Phone						Mobile					
INDIVIDUA	L 3		Member	Indi	vidual Trustee (Cori			(Corp			Director (Corporate custodian)
Full <u>legal</u> na (First/Middle/											
Title					Mobile Individual Trustee Preferred Name (if different from First name) Date of birth (dd/mm/yyyy) State Postcode Mobile Individual Trustee Director (Corporate trustee) Preferred Name (if different from First name) Preferred Name (if different from First name) Preferred Name (if different from First name) Date of birth (dd/mm/yyyy) State Postcode						
Gender		Male	e Female	Other							
Residential	addre	ess									
Residential address Suburb		State				Postcode					
Postal addr	ess										As above
Suburb		•				State				Postcode	
Email											
Phone						Mobile					



INDIVIDUAL 4			dual T	al Trustee (Corpo				rector rustee)	Director (Corporate custodian)			
Full <u>legal</u> na (First/Middle/I												
Title	<u> </u>					eferred Na						
Gender	r Male Female Other Dat				te of birth /mm/yyyy)							
Residential	addre	ss										
Suburb						State				Postcode		
Postal addre	ess										As abo	ove
Suburb						State				Postcode		
Email												
Phone						Mobile						
INDIVIDUAL	. 5		Member	Individ	dual Trustee			(Corpo		rector rustee)	Dire (Corporate custo	ector dian)
Full <u>legal</u> na (First/Middle/L												
Title						Preferred Name (if different from First name)						
Gender	1	Male	Female	Other		te of birth /mm/yyyy)	1					
Residential a	addre	SS										
Suburb						State				Postcode		
Postal addre	ess										As abo	ove
Suburb						State				Postcode		
Email												
Phone						Mobile						
INDIVIDUAL	. 6		Member	Individ	dual T	al Trustee (Cor		(Corpo	Director rporate trustee)		Dire (Corporate custo	ector dian)
Full <u>legal</u> na												
(First/Middle/L	_ast)					eferred Na						
Gender	ſ	Male	Female	Other	Da	te of birth /mm/yyyy)						
Residential a	addre	SS										
Suburb		•				State				Postcode		
Postal addre	ess										As abo	ove
Suburb						State				Postcode		
Email						1						
Phone						Mobile						



ACKNOWLEDGEMENT & AUTHORITY

By submitting this form, you hereby:

- acknowledge that the trustee(s) or director(s) of the corporate trustee have read, understood, and agreed to the terms detailed in Heffron's <u>Privacy Policy</u>,
- confirm that the information on this form is correct and I have the authority to request the services requested on behalf of the superannuation fund.