

# SMSF TRANSFER FORM



Complete and return this form to Heffron at: [dss@heffron.com.au](mailto:dss@heffron.com.au) OR PO Box 200 Maitland NSW 2320

## SECTION A: ACCOUNTANT/ADVISER DETAILS

Contact Person		Company			
Postal Address					
Suburb		State		Postcode	
Phone		Email			
Mobile Phone		Cc Email			
Please select how you would like to receive the documents			Email	OR	Post
Please select who should receive the documents			Accountant/Adviser	OR	Trustee 1

## SECTION B: FUND DETAILS

Fund Name				
Financial year from which Heffron is taking over				
ABN		TFN		

## SECTION C: HEFFRON ADMINISTRATION SERVICE DETAILS

<b>Fund Package Type</b>	Streamlined	Standard	Advanced
<b>GST Registration</b>			
Is the Fund registered for GST?	No	Yes, Quarterly	Yes, Annually
<b>Mailbox Service</b> – only applicable if we are to act as the mailing address for the Fund			Yes, Mailbox

## SECTION D CONTINUES ON NEXT PAGE

SECTION D: TRUSTEE DETAILS

Individual					
Corporate	Name		ACN		
Registered Office Address					
Suburb		State		Postcode	
Would you like Heffron to be the ASIC Agent and Registered Office			Yes	No	
INDIVIDUAL 1	Director	Trustee	Member		
Full Legal Name			Title		
Date of Birth		TFN			
Residential Address					
Suburb		State		Postcode	
Postal Address	As above				
Suburb		State		Postcode	
Email					
Phone		Mobile			
INDIVIDUAL 2	Director	Trustee	Member		
Full Legal Name			Title		
Date of Birth		TFN			
Residential Address					
Suburb		State		Postcode	
Postal Address	As above				
Suburb		State		Postcode	
Email					
Phone		Mobile			

NOTE: If there are more than two individuals, please copy this page

SECTION E: CORPORATE CUSTODIAN DETAILS (if applicable)

Corporate Custodian	Name		ACN	
Registered Office Address				
Suburb		State		Postcode
Would you like Heffron to be the ASIC Agent and Registered Office			Yes	No
INDIVIDUAL 1	Director	Same as Individual 1 above		
Full Legal Name			Title	
INDIVIDUAL 2	Director	Same as Individual 2 above		
Full Legal Name			Title	

NOTE: If there are more than two individuals, please copy this page

SECTION F: PREVIOUS ADMINISTRATOR / ACCOUNTANT DETAILS

Contact Person		Company Name			
Postal Address					
Suburb		State		Postcode	
Phone		Email			
<b>Note:</b> We recommend speaking to the previous accountant/administrator to inform them of the transfer to Heffron for SMSF Administration					

SECTION G: PRIVACY STATEMENT

Heffron SMSF Solutions is committed to protecting the privacy and rights of its customers. Our [Privacy Policy](#) contains important information about how we collect, hold, use and disclose personal information. If you have questions or wish to make a complaint, please contact our Privacy Officer at Heffron SMSF Solutions, PO Box 200, MAITLAND NSW 2320, or via email at [privacy.officer@heffron.com.au](mailto:privacy.officer@heffron.com.au).

SECTION H: ACKNOWLEDGEMENT

I 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.

Signature of person authorised to make the above statements on behalf of the member(s) and trustee(s) or director(s) of the corporate trustee	Print name	Date
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