SMSF TRANSFER FORM



Complete and return this form to Heffron at: clientsupport@heffron.com.au OR PO Box 200 Maitland NSW 2320

SECTION A: FUND DETAILS

Fund Name			
Financial year fro	m which Heffron is taking over administration		
ABN		TFN	

SECTION B: HEFFRON ADMINISTRATION SERVICE DETAILS

Fund Package Type	Streamlined	Standard	Advanced	
GST Registration				
Is the Fund registered for GST?	No		Yes, Quarterly	Yes, Annually
Mailbox Service – only applicable if	Yes, Mailbox			

SECTION C: TRUSTEE DETAILS

Individual						
Corporate	Name				ACN	
Registered Office Address						
Suburb			State		Postcode	
Would you like Heffron to be	e 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 D: CORPORATE CUSTODIAN DETAILS (if applicable)

Corporate Custodian	Name				ACN	
Registered Office Address						
Suburb			State		Postcode	
Would you like Heffron to k	oe the AS	IC Agent and	d Registered Office		Yes	No
INDIVIDUAL 1		Director	Same as	s Individual 1 above)	
Full Legal Name					Title	
INDIVIDUAL 2		Director	Same as	s Individual 2 above)	
Full Legal Name					Title	

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

SECTION E: PREVIOUS ADMINISTRATOR / ACCOUNTANT DETAILS

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

Note: We recommend speaking to the previous accountant/administrator to inform them of the transfer to Heffron for SMSF Administration

SECTION F: PRIVACY STATEMENT

Heffron SMSF Solutions is committed to protecting the privacy and rights of its customers. Our <u>Privacy Policy</u> 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 <u>privacy.officer@heffron.com.au</u>.

SECTION G: 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	Print name	Date
above statements on behalf of the		
member(s) and trustee(s) or director(s) of		
the corporate trustee		