SMSF Establishment Service Form



Complete this form and return to clientsupport@heffron.com.au or mail to PO Box 200 Maitland NSW 2320.

Our Fund Establishment Service offering includes the following options (Please indicate yours below).

Delivery: Electronic delivery **or** Hard copy delivery

Document inclusions: SMSF Trust Deed, Minutes, Trustee Consent Letter, ATO Trustee Declaration(s), Member Application(s), PDS, and preferred beneficiary nomination templates

Signing, dating and witnessing requirements individually marked to minimise risk of error (for hard copy documentation)

Full review of correct execution of documents

Heffron to apply for ABN, TFN and election to be regulated

Original documentation returned in a professional Master File

\$880 Special Purpose SMSF Trustee Company Establishment Service

Delivery: Electronic delivery or Hard copy delivery

Document inclusions: Various Consent Notices and Minutes, Company Constitution, Share Application(s) and Share Certificate(s)

Signing, dating and witnessing requirements individually marked to minimise risk of error (for hard copy documentation)

Registration of the Special Purpose Company with ASIC

Original documentation returned in a professional Master File

SECTION A: ACCOUNTANT/ADVISER DETAILS

Contact person		Со	mpany n	ame				
Postal address								
Suburb			State		P	ostco	de	
Phone		Email						
Mobile phone		CC Email						
Please select ho	ow you would like to rece	ive the docu	uments		Em	nail	<u>OR</u>	Post
Please select who should receive the documents			Acco	untant/Advi	ser	OR	Trustee 1	



SECTION B: HEFFRON ADMINISTRATION SERVICE DETAILS

Fund package typ	pe:	Streamlined Standard			Advanced	
GST registration (Superannuation funds are generally not required to register for GST voluntarily, however, if t it will be able to claim "reduced input tax credits" on some of the GST it pays to its various suppliers)						er, if the fund does register
Do you wish to re	you wish to register this fund for GST? No Yes, quarterly (Additional fees apply)			Yes, annually		
		ed otherwise, if Heffron is re orting goods/services into A	0	ınd for GST, it will b	e on a cash basis with	a GST turnover of \$0-
Would you like Heffron to act as the mailing address for the Fund? (Additional fees apply – Only applicable if we are to act as the mailing address for the Fund's investments)						Yes
Heffron to assist the Fund to establish a Macquarie Cash Management Account. (If not required, proceed to Section C.)						
Dealer Name				Dealer Code		
Adviser Name		Adviser Code				
INDIVIDUAL 1 INDIVIDUAL 2				L 2		
Occupation				Occupation		
Industry				Industry		

SECTION C: FUND AND TRUSTEE DETAILS

Fund name (case sensitive)						
Individual Trustees (Prod	eed to Sect	tion D)				
Existing Corporate Trus	tee (Please	attach a copy of the latest ASIC comp	any stateme	nt. A fee m	ay apply if not p	rovided)
Company name				ACN		
Would you like Heffron to be (Additional fees apply.)	come the	e ASIC agent and Registered off	ice?		Yes	No
Current Registered office a	ddress					
Suburb			State		Postcode	
New Corporate Trustee	-	re instructed to provide any relevant in ment of this company)	nformation t	o 3rd partie	es in relation to	the
Preferred company name						
Alternate company name						
Would you like Heffron to be (Additional fees apply.)	come the	e ASIC agent and Registered off	ice?		Yes	No
Registered office address (if not Heffro	on)				
Suburb			State		Postcode	
ASIC requires full physical address of the following in the second state of the second		will not accept a PO Box, property nan he access road to the property	ne or Mail Se	rvice numb	er.	
Occupier of above address	if not the c	ompany or Heffron)				
Principal place of business	address					As above
Suburb			State		Postcode	



SECTION D: INDIVIDUAL DETAILS (tick all that apply)

INDIVIDUAL 1	Member		Individ	lual Tru	stee	e Direc		ector	-	Secretary
Full legal name (First / Middle / Last)					·				Title	
Gender (M / F / Other)		Date of birth					TFN			
Residential address							L			
Suburb					State		Postcode			
Postal address					•	•		•		As above
Suburb					State			Po	stcode	
Email										•
Phone			1	Mobile						
	onship between this m)? (eg, spouse, parent, child									
Only complete the follo	owing if a new Corpora	te Trust	ee is bei	ng esta	blished					
Place of Birth (Country, State, Suburb)							nber of res to l			
INDIVIDUAL 2	Member		Individ	lual Tru	stee		Dire	ector	-	Secretary
Full legal name (First / Middle / Last)									Title	
Gender (M / F / Other)		Date o	of birth				TFN			
Residential address										
Suburb					State			Ро	stcode	
	is the relationship between this member and the other s)/director(s)? (eg, spouse, parent, child, no familial relationship)									
Only complete the folio	owing if a new Corpora	te Trust	ee is bei	ng esta	blished					
Place of Birth (Country, State, Suburb)						Number of ordinary shares to be issued:				
INDIVIDUAL 3	Member		Individ	lual Tru	stee	ee Director			-	Secretary
Full legal name (First / Middle / Last)									Title	
Gender (M / F / Other)		Date o	of birth				TFN			
Residential address										
Suburb					State			Ро	stcode	
	What is the relationship between this member and the other trustee(s)/director(s)? (eg, spouse, parent, child, no familial relationship)									
Only complete the follo	owing if a new Corpora	te Trust	ee is bei	ng esta	blished					
Place of Birth (Country, State, Suburb)	· •				Number of ordinary shares to be issued:					

Note: if there are more than three individuals please copy this page

Note also that the Fund may need a *corporate* trustee if there are more than 4 members <u>and</u> the Fund is domiciled in NSW, QLD, VIC, WA or ACT as the corresponding Trustee Acts only allow a maximum of four *individual* trustees.



SECTION E: DECLARATIONS (REQUIRED IN ALL CASES)

The trustee(s) or director(s) of the corporate trustee and member(s) hereby:

- declare that the information provided on this form is true and correct and agree to pay for the services requested on this form and,
- in the event that any information on this form is incorrect and Heffron are requested to amend the documentation, agree to pay any amendment fees charged
- in the case of a new Corporate Trustee (if applicable):
 - instruct & authorise Heffron to provide any relevant information to 3rd parties in relation to the establishment of this company, and appoint such 3rd party as an agent to sign and lodge the application for registration of the company/change of company details
 - declare that the director(s), secretary(ies) and shareholder(s) on this form have consented in writing to their appointment (as required by the Corporations Act)
- instruct Heffron to:
 - prepare the necessary documentation to enable the trustee(s) or director(s) of the corporate trustee and member(s) to establish an SMSF, and
 - o provide any other requested services to the trustee(s) or director(s) of the corporate trustee

using the information provided on this form, and acknowledge and understand that neither the contents of this form, nor the documentation prepared or other services provided constitute 'Financial Product Advice' as defined in the Corporations Act 2001 and should not be regarded as such

- acknowledge and understand that unless a Statement of Advice from Heffron recommending:
 - o the establishment of an SMSF, and/or
 - an individual become a member of that SMSF

has been obtained, Heffron has not reviewed the personal circumstances of any individual to determine whether or not establishing and/or becoming a member of such fund is appropriate. The services provided by Heffron are limited to those requested on this form as instructed by the trustee(s) or director(s) of the corporate trustee and member(s)

- authorise and instruct Heffron to electronically complete and lodge an ABN & TFN application, and a Notice of Election for superannuation funds (to register the fund as a regulated selfmanaged superannuation fund), with the Australian Taxation Office using the information provided on this form and:
 - o declare that:
 - the Fund is established on the establishment date as outlined on this form and / or as specified in the executed Trust Deed that established the Fund
 - the Fund's sole purpose is to provide superannuation benefits to members upon reaching a prescribed age or upon their retirement or death or other cessation of employment
 - the Fund holds an asset (either tangible or intangible) on the establishment date
 - the Fund is entitled to an ABN and I / we confirm my / our understanding of our ABN obligations
 - the Fund is an Australian resident for tax purposes
 - elect that the Superannuation Industry (Supervision) Act 1993 is to apply in relation to the Fund, and understand that this election is irrevocable
 - o declare that the Fund intends to be an SMSF for 12 months or longer
 - declare that no individual trustee / director or secretary of the Corporate Trustee:
 - has been convicted of an offence in relation to dishonest conduct in the Commonwealth or any state or territory or foreign country
 - has ever had a civil penalty order made against them
 - is an undischarged bankrupt
 - has been notified that they are a disqualified person by the ATO or APRA



- o in the case of a Corporate Trustee only, declare that:
 - it has no grounds to suspect that a director or secretary is a disqualified person
 - a receiver or receiver and manager has not been appointed to the company
 - a restructuring practitioner has not been appointed to the company
 - the company has not been placed under official management nor has a provisional liquidator been appointed
- the company is not being wound up declare that each trustee / director of the corporate trustee is aware that a trustee declaration must be signed within 21 days of commencing duties

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			

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>.

PAYMENT INFORMATION

Amount: \$							
EFT Transfer	EFT Transfer BSB: 082 691 Account: 561309446 Please attach transaction receipt of payment to service form as confirmation of payment						
	Credit Card – Please call Heffron on 1300-HEFFRON to process Credit card payments. (VISA or Mastercard only)						
Direct Debit Authority in place							