SMSF Establishment Service Form



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

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

\$715 Fund Establishment Service

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

\$605 Fund Establishment Service

Delivery: Electronic delivery or Hard copy documents delivered in a professional Master file

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)

\$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 r	name				
Postal address								
Suburb			State			Postco	ode	
Phone		Email						
Mobile phone		CC Email						
Please select ho	w you would like to rece	ive the docເ	uments		Er	mail	<u>OR</u>	Post
Please sel	ect who should receive th	ne documen	its	Ac	countant/Adv	viser	<u>OR</u>	Trustee 1

Heffron Consulting Pty Ltd ABN 88 084 734 261 AFSL 241 739



SECTION B: FUND AND TRUSTEE DETAILS

Fund name (case sens	sitive)							
Individual Trustee	es (Proce	eed to Secti	on D)					
Existing Corporat	te Trust	ee (Please	attach a co	py of the latest ASIC comp	any stater	ment. A fee ma	ay apply if not p	rovided)
Company name			ACN					
Current Registered o	office a	ddress						
Si	uburb	•			State		Postcode	
New Corporate T	New Corporate Trustee (Heffron are instructed to provide any relevant information to 3rd parties in relation to the establishment of this company)						the	
Preferred company	Preferred company name							
Alternate company name								
Registered office ac	Registered office address							
Si	uburb				State		Postcode	
ASIC requires full physical a If rural property, please pro					ne or Mail	Service numb	er.	
Occupier of above a	address	(if not the	company)					
Principal place of bu	usiness	address						As above
Si	uburb				State		Postcode	

SECTION C: INDIVIDUAL DETAILS (tick all that apply)

INDIVIDUAL 1	Member	Indivi	dual Trus	stee	Directo				Secretary
Full legal name (First / Middle / Last)							-	Title	
Gender (M / F / Other)		Date of birth				TFN			
Residential address									
Suburb				State			Pos	stcode	
Postal address									As above
Suburb				State			Pos	stcode	
Email									
Phone			Mobile						
	onship between this m)? (eg, spouse, parent, child								
Only complete the follo	owing if a new Corpora	ite Trustee is be	ing estal	blished					
Place of Birth (Country, State, Suburb)						nber of res to k			

SECTION C CONTINUES ON NEXT PAGE



INDIVIDUAL 2	Member	Member Individual Trustee			Director			Secretary	
Full legal name (First / Middle / Last)								Title	
Gender (M / F / Other)		Date of birth				TFN			
Residential address									
Suburb	State					e Postco			
	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	ite Trustee is be	ing estak	olished					
Place of Birth (Country, State, Suburb)						nber o res to		-	
INDIVIDUAL 3	Member	Individ	lual Trus	tee		Dir	ector		Secretary
Full legal name (First / Middle / Last)								Title	
Gender (M / F / Other)		Date 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	ite Trustee is be	ing estak	olished					
Place of Birth (Country, State, Suburb)		Number of ordin shares to be issued					-		
INDIVIDUAL 4	Member	Individ	lual Trus	tee	Direct		ector		Secretary
Full legal name (First / Middle / Last)								Title	
Gender (M / F / Other)		Date 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	ite Trustee is be	ing estak	olished					
Place of Birth (Country, State, Suburb)					Number of ordinary shares to be issued:				

Note: if there are more than four 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 D: 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
 - 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:
 - the establishment of an SMSF, and/or
 - o 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)

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



SECTION E: ADDITIONAL INFORMATION / DECLARATIONS – ONLY COMPLETE IF HEFFRON IS TO COMPLETE AND LODGE AN ON-LINE ABN & TFN APPLICATION / NOTICE OF ELECTION

Authorised contact details for the ATO (the person the ATO may contact for further information, and the addresses to be used by the ATO for services of notices and correspondence)								
Firm Name								
Full legal name (First / Middle / Last)				Title				
Position held (ie accountant	, adviser, etc)							
Tax Agent registration number (if firm is to be Fund's tax agent):								
Email Address								
Phone			Facsimile					
Street address								
Suburb			State	Postc	ode			
Postal address					As above			
Suburb			State	Postc	ode			
Preferred language (leave blank if English)								

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

- 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:
 - 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
 - nas ever had a civil penalty order made against
 - is an undischarged bankrupt
 - has been notified that they are a disqualified person by the ATO or APRA



- 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 above statements on behalf of the member(s) and trustee(s) or director(s) of the corporate trustee Print name

Date

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	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 A	Direct Debit Authority in place					