

# Reversionary changes



Complete this form and return to [documentservices@heffron.com.au](mailto:documentservices@heffron.com.au) or mail to PO Box 200 Maitland NSW 2320.

Our documentation service includes the preparation of the required documents to enact the changes.

## SECTION A: ACCOUNTANT/ADVISER DETAILS

Contact person		Firm name	
Postal address			
Suburb		State	Postcode
Phone		Email	
Mobile		CC email	
Please select how the documents should be delivered:		Email	<b>OR</b> Post
Please select who the documents should be delivered to:		Accountant/Adviser	<b>OR</b> 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	

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

INDIVIDUAL 1	Member	Individual Trustee	Director (Corporate trustee)
Full <b>legal</b> name (First/Middle/Last)			Title
INDIVIDUAL 2	Member	Individual Trustee	Director (Corporate trustee)
Full <b>legal</b> name (First/Middle/Last)			Title
INDIVIDUAL 3	Member	Individual Trustee	Director (Corporate trustee)
Full <b>legal</b> name (First/Middle/Last)			Title
INDIVIDUAL 4	Member	Individual Trustee	Director (Corporate trustee)
Full <b>legal</b> name (First/Middle/Last)			Title
INDIVIDUAL 5	Member	Individual Trustee	Director (Corporate trustee)
Full <b>legal</b> name (First/Middle/Last)			Title
INDIVIDUAL 6	Member	Individual Trustee	Director (Corporate trustee)
Full <b>legal</b> name (First/Middle/Last)			Title

## SECTION D: PENSIONER DETAILS

Pensioner's Full <b>legal</b> name (First/Middle/Last)	
<b>What change is being done to the pension(s)?</b>	
Removal of reversionary	
Addition of reversionary	
<b>New reversionary beneficiary's details (if applicable)</b>	
Reversionary's Full <b>legal</b> name (First/Middle/Last)	
Relationship to pensioner (eg. spouse)	
<b>Details of pension(s) to be changed</b>	
<u>Account name</u>	<u>Tax free %</u>

## SECTION E: PLEASE ATTACH THE FOLLOWING (Tick whichever is applicable, and attach)

The SMSF's current trust deed/rules
Change of trustee documents (if the trustee has changed since the execution of the current deed/rules)
Enduring power of attorney documents (if a member's attorney will be signing the documentation on behalf of the member)
In respect of any pensions where the reversionary is to be changed and the pension is still in payment, full copy of the pension commencement documents
In respect of any pensions where the reversionary is to be changed and the pension is still in payment, full copy of the pension amendment documents if the current reversionary beneficiary was added after the commencement of the pension

## ACKNOWLEDGEMENT & AUTHORITY

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

- acknowledge they have read, understood, and agreed to the terms detailed in Heffron's [Privacy Policy](#),
- declare 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,
- acknowledge and understand to complete the documentation Heffron will prepare on the basis that all individuals are 18 or older and they have their capacity to sign, unless told otherwise,
- instruct Heffron to provide the services requested on this form 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, and
- acknowledge and understand unless a Statement of Advice from Heffron recommending the course of action contemplated by these documents has been obtained, Heffron has not reviewed the personal circumstances of any individual to determine whether or not the requested services are appropriate.

\_\_\_\_\_  
 Signature of person authorised to make the  
 above statements on behalf of the pensioner  
 and trustee(s) or director(s) of the corporate  
 trustee

\_\_\_\_\_  
 Print name

\_\_\_\_\_  
 Date

## PAYMENT INFORMATION

Amount:	\$
EFT transfer	BSB: 082 691 Account: 561309446 <i>Please attach transaction receipt of payment to service form as confirmation of payment</i>
Credit card	<a href="#">Document services payments</a> <i>Please attach transaction receipt of payment to service form as confirmation of payment</i>
Direct debit authority in place	