

# SMSF Transfer Form



Download to complete as a PDF and click the submit button at the end to automatically email it back to us.  
You can also return the completed form to [transitions@heffron.com.au](mailto:transitions@heffron.com.au) or mail to PO Box 200 Maitland NSW 2320.

## SECTION A: ACCOUNTANT/ADVISER DETAILS

Contact person		Firm name	
Postal address			
Suburb		State	Postcode
Phone		Email	
Mobile		CC email	
<b>I do not wish to receive any documents via an electronic signing platform</b>			
Please select an alternate/secondary method for delivery:	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	
<b>This fund has a corporate custodian/borrowing trust</b>			
Company name		ACN	

## SECTION C: HEFFRON ADMINISTRATION SERVICE DETAILS

Financial year from which Heffron is taking over:			
<b>Administration package:</b>	Streamlined	Standard	Advanced
Is the SMSF registered for GST?	No		
	Yes – Reports and pays GST annually		
	Yes – Reports and pays GST quarterly (Additional fees apply)		
Would you like Heffron to act as the <b>mailing address</b> for the SMSF? (Additional fees apply - This relates to the mailing address for the Fund's investments only)			Yes
Would you like Heffron to become the <b>ASIC agent and registered office</b> for the corporate trustee? (Additional fees apply)			Yes
Would you like Heffron to become the <b>ASIC agent and registered office</b> for the corporate custodian? (Additional fees apply)			Yes

## SECTION D: PREVIOUS ADMINISTRATOR/ACCOUNTANT DETAILS

Contact person		Firm 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 E: DETAILS OF MEMBER(S), TRUSTEES/DIRECTOR(S) ETC** (Tick  whichever is applicable)

<b>INDIVIDUAL 1</b>	Member	Individual Trustee	Director (Corporate trustee)	Director (Corporate custodian)
Full <b>legal</b> name (First/Middle/Last)				
Title			Preferred Name (if different from First name)	
Gender	Male	Female	Other	Date of birth (dd/mm/yyyy)
Residential address				
Suburb			State	Postcode
Postal address	As above			
Suburb			State	Postcode
Email				
Phone			Mobile	
<b>INDIVIDUAL 2</b>	Member	Individual Trustee	Director (Corporate trustee)	Director (Corporate custodian)
Full <b>legal</b> name (First/Middle/Last)				
Title			Preferred Name (if different from First name)	
Gender	Male	Female	Other	Date of birth (dd/mm/yyyy)
Residential address				
Suburb			State	Postcode
Postal address	As above			
Suburb			State	Postcode
Email				
Phone			Mobile	
<b>INDIVIDUAL 3</b>	Member	Individual Trustee	Director (Corporate trustee)	Director (Corporate custodian)
Full <b>legal</b> name (First/Middle/Last)				
Title			Preferred Name (if different from First name)	
Gender	Male	Female	Other	Date of birth (dd/mm/yyyy)
Residential address				
Suburb			State	Postcode
Postal address	As above			
Suburb			State	Postcode
Email				
Phone			Mobile	

<b>INDIVIDUAL 4</b>	Member	Individual Trustee	Director (Corporate trustee)	Director (Corporate custodian)
Full <b>legal</b> name (First/Middle/Last)				
Title			Preferred Name (if different from First name)	
Gender	Male	Female	Other	Date of birth (dd/mm/yyyy)
Residential address				
Suburb			State	Postcode
Postal address	As above			
Suburb			State	Postcode
Email				
Phone			Mobile	
<b>INDIVIDUAL 5</b>	Member	Individual Trustee	Director (Corporate trustee)	Director (Corporate custodian)
Full <b>legal</b> name (First/Middle/Last)				
Title			Preferred Name (if different from First name)	
Gender	Male	Female	Other	Date of birth (dd/mm/yyyy)
Residential address				
Suburb			State	Postcode
Postal address	As above			
Suburb			State	Postcode
Email				
Phone			Mobile	
<b>INDIVIDUAL 6</b>	Member	Individual Trustee	Director (Corporate trustee)	Director (Corporate custodian)
Full <b>legal</b> name (First/Middle/Last)				
Title			Preferred Name (if different from First name)	
Gender	Male	Female	Other	Date of birth (dd/mm/yyyy)
Residential address				
Suburb			State	Postcode
Postal address	As above			
Suburb			State	Postcode
Email				
Phone			Mobile	

## ACKNOWLEDGEMENT & AUTHORITY

By submitting this form, you hereby:

- acknowledge that the trustee(s) or director(s) of the corporate trustee have read, understood, and agreed to the terms detailed in Heffron's [Privacy Policy](#),
- 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.