SMSF establishment service form



Complete this form and return to <u>documentservices@heffron.com.au</u> or mail to PO Box 200 Maitland NSW 2320. Our SMSF establishment service offering includes the following options (Please indicate yours below).

\$715 Fund establishment service – Documentation and ATO registration

Delivery: Electronic delivery or hard copy delivery

Document inclusions: SMSF trust deed, Trustee resolutions, Trustee consent letter, ATO Trustee declaration(s), member application(s) and PDS

Signing, dating and witnessing requirements individually marked to minimise risk of error (for documents delivered via hard copy only)

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 – Documentation only

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

Document inclusions: SMSF trust deed, Trustee resolutions, Trustee consent letter, ATO Trustee declaration(s), member application(s) and PDS

Signing, dating and witnessing requirements individually marked to minimise risk of error (for documents delivered via hard copy only)

\$990 Special purpose SMSF trustee company establishment service

Delivery: Electronic delivery or hard copy delivery

Document inclusions: Various consent notices and resolutions, company constitution, share application(s) and share certificate(s)

Signing, dating and witnessing requirements individually marked to minimise risk of error (for documents delivered via hard copy only)

Registration of the special purpose company with ASIC

Full review of correct execution of documents (if ordered with the \$715 Fund establishment service)

Original documentation returned in a professional Master File

SECTION A: ACCOUNTANT/ADVISER DETAILS

Contact person		Со	mpany r	ame				
Postal address								
Suburb			State		Po	stcode		
Phone		Email						
Mobile phone		CC Email						
Please select ho	ow you would like to rece	ive the doc	uments		Ema	il <u>O</u> F	R	Post
Please sel	ect who should receive th	ne documen	its	Accoun	tant/Advise	r <u>O</u> F	R	Trustee 1

 $\textbf{Heffron Consulting Pty Ltd} \ \ \textbf{ABN} \ 88\ 084\ 734\ 261\ \ \textbf{AFSL} \ 241\ 739$



SECTION B: SMSF AND TRUSTEE DETAILS

SMSF name (case sens	sitive)							
Individual Truste	es (Proce	eed to Secti	on D)					
Existing Corporate	te Trust	ee (Please	attach a co	py of the latest ASIC co	mpany stater	ment. A fee ma	ay apply if not p	rovided)
Company name								
Current registered	office a	ddress						
S	Suburb				State		Postcode	
New Corporate 1	Trustee	-	e instructed	d to provide any relevar s company)	nt information	n to 3rd partie	s in relation to t	he
Preferred company	name							
Alternate company	name							
Registered office a	ddress							
S	Suburb				State		Postcode	
ASIC requires full physical a					name or Mail	Service numb	er.	
Occupier of above a	address	(if not the	company)					
Principal place of b	usiness	address						As above
S	Suburb				State		Postcode	
					•			

SECTION C: INDIVIDUAL DETAILS (tick all that apply)

INDIVIDUAL 1		Member	Individ	ual Tru	stee		Direct	tor	Secretary
Full legal name (First / Middle / Last)								Title	
Gender (M / F / Other)				Date	of birth				
Director identification (only if SMSF has a corpora						TFN			
Residential address									
Suburb					State			Postcode	2
	What is the relationship between this member and the other trustee(s)/director(s)? (eg, spouse, parent, child, no familial relationship)								
Always complete both	of the foll	lowing if a ne	w Corporate Tru	stee is	being e	stablis	shed		
Place of Birth (Country, State, Suburb)		Number of shares to l					,		

SECTION C: CONTINUES ON NEXT PAGE



INDIVIDUAL 2		Member Individual Trustee Director					ctor		Secretary	
Full legal name (First / Middle / Last)			Title							
Gender (M / F / Other)				Date	of birth	1			I	
Director identification	number					TFN				
(only if SMSF has a corpora	te trustee)					1111				
Residential address										
Suburb					State			Pos	tcode	
What is the relative trustee(s)/directo			member and the hild, no familial rel							
Always complete both	of the foll	owing if a ne	w Corporate Tr	ustee is	being e	establis	shed			
Place of Birth (Country, State, Suburb)							mber of res to b			
INDIVIDUAL 3		Member	Individ	lual Trus	stee		Dire	ctor	•	Secretary
Full legal name (First / Middle / Last)					·			1	Title	
Gender (M / F / Other)				Date	of birth	ı		•	•	
Director identification (only if SMSF has a corpora				•		TFN				
Residential address										
Suburb					State			Pos	tcode	
What is the relative trustee(s)/directo	•		member and the							
Always complete both	of the foll	owing if a ne	w Corporate Tr	ustee is	being e	establis	shed			
Place of Birth (Country, State, Suburb)							mber of res to b			
INDIVIDUAL 4		Member	Individ	lual Trus	stee		Dire	ctor		Secretary
Full legal name (First / Middle / Last)								1	Title	
Gender (M / F / Other)				Date	of birth	1		ı		
Director identification (only if SMSF has a corpora						TFN				
Residential address						•	•			
Suburb					State			Pos	tcode	
	What is the relationship between this member and the other trustee(s)/director(s)? (eg, spouse, parent, child, no familial relationship)									
Always complete both	of the foll	owing if a ne	w Corporate Tr	ustee is	being e	establis	shed			
Place of Birth (Country, State, Suburb)	-	-				Nur	mber of res to b			

Note if there are more than 4 individuals, please copy the page above for the additional individuals.



Note also that the SMSF may need a *corporate* trustee if there are more than 4 members <u>and</u> the SMSF 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
 - o 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:
 - 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 SMSF 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	Print name	Date	
above statements on behalf of the			
member(s) and trustee(s) or director(s) of the			
corporate trustee			



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 detail addresses to be used by the				rther informa	tion, and th	ne
Firm Name						
Full legal name (First / Middle / Last)					Title	
Position held (ie accountant,	, adviser, etc)					
Tax Agent registration n	umber (if firn	n is to be Fund's tax agent):				
Email Address						
Phone			Facsimile			
Street address						
Suburb			State		Postcode	
Postal address					A	As above
Suburb			State		Postcode	
Preferred language (leave blank if English)						
Electronic service addre	SS					

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:
 - o declare that:
 - the SMSF is established on the establishment date as outlined on this form and/or as specified in the executed Trust Deed that established the SMSF
 - the SMSF'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 SMSF holds an asset (either tangible or intangible) on the establishment date
 - the SMSF is entitled to an ABN and I/we confirm my/our understanding of the ABN obligations
 - the SMSF is an Australian resident for tax purposes
 - elect that the Superannuation Industry (Supervision) Act 1993 is to apply in relation to the SMSF, and understand that this election is irrevocable
 - o declare that the SMSF intends to be an SMSF for 12 months or longer
 - o 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	BSB: 082 691 Account: 561309446 Please attach transaction receipt of payment to service form as confirmation of payment
Credit Card	Document services payments Please attach transaction receipt of payment to service form as confirmation of payment
Direct Debit A	uthority in place