

# Actuarial certificate request form

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

By completing this form, you will provide all the information we need in order to prepare an actuarial certificate in accordance with Section 295-390 of the Income Tax Assessment Act 1997 for a self-managed superannuation fund providing allocated, account based and/or market linked pensions only (i.e., no other type of pension is provided by the Fund).

## SECTION A: CONTACT DETAILS The documents will be forwarded to this person

Contact person				Firm name			
Postal address							
Suburb				State		Postcode	
Phone			Email*				
Mobile			CC email				
* Email addresses are <b>mandatory</b> – Certificates and invoices are issued electronically							

## SECTION B: FUND DETAILS (Tick whichever is applicable)

SMSF name							
ABN							
Trustee structure	Individual trustees			Corporate trustee <small>(Complete company name and ACN below)</small>			
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)	Title	
Full <b>legal</b> name <small>(First/Middle/Last)</small>			DOB	
INDIVIDUAL 2	Member	Individual Trustee/Director (Corporate trustee)	Title	
Full <b>legal</b> name <small>(First/Middle/Last)</small>			DOB	
INDIVIDUAL 3	Member	Individual Trustee/Director (Corporate trustee)	Title	
Full <b>legal</b> name <small>(First/Middle/Last)</small>			DOB	
INDIVIDUAL 4	Member	Individual Trustee/Director (Corporate trustee)	Title	
Full <b>legal</b> name <small>(First/Middle/Last)</small>			DOB	
INDIVIDUAL 5	Member	Individual Trustee/Director (Corporate trustee)	Title	
Full <b>legal</b> name <small>(First/Middle/Last)</small>			DOB	
INDIVIDUAL 6	Member	Individual Trustee/Director (Corporate trustee)	Title	
Full <b>legal</b> name <small>(First/Middle/Last)</small>			DOB	

**SECTION D: PLEASE ANSWER ALL QUESTIONS** (Tick  whichever is applicable, and complete details if necessary)

<p><b>Confirmation of pension payments</b></p> <p>I confirm that the payments made from all pension accounts have met the legal requirements for the year or the fund is eligible to ignore any under payments as a result of administrative concessions granted by the ATO.</p> <p>(Please note that carrying forward any underpayment in accounts as a creditor will not qualify the fund to claim the tax exemption)</p>	Yes	No
<p>If the fund wound up within the financial year, please enter the wind up date:</p>		
<p>Did the fund provide defined benefits at any time during the financial year?</p>	Yes	No
<p>Did the fund ELECT to segregate assets for tax purposes during the financial year? (If yes, a member of our team will contact you)</p>	Yes	No
<p>Select how many decimal places to calculate (0-4)</p>		
<p>This actuarial certificate request is <b>urgent</b> – I would appreciate if it could be completed by:</p>		

**SECTION E: PLEASE ATTACH THE FOLLOWING**

<p>Financial statements</p> <ul style="list-style-type: none"> <li>• Statement of Financial Position (comparative: current &amp; previous financial year)</li> <li>• Income Statement</li> </ul>
<p>General ledger (or equivalent)</p> <ul style="list-style-type: none"> <li>• Dates and amounts of all major transactions within the fund for the year (contributions, pension payments, insurance premiums, lump sums, rollovers, transfers, other) <b>(correct dates and amounts are critical in calculating an accurate actuarial percentage. We will follow up any requests where all transactions are dated/journaled at 1/7 or 30/6)</b></li> </ul>
<p>Member statements</p> <ul style="list-style-type: none"> <li>• Details of ALL accumulation and pension accounts within the fund (separated NOT combined statements)</li> <li>• Opening and closing balances</li> <li>• Major transactions</li> <li>• Earnings (this may be an interim allocation – pending the actuarial certificate and completion of tax entries – alternatively we can allocate earnings)</li> </ul>

## ACKNOWLEDGEMENT & AUTHORITY

The 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,
- 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.

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

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Print name

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Date

## PAYMENT INFORMATION

An invoice will be sent with the certificate and will be in the name of the super fund, care of the fund's accountant.