# **Contribution deferring allocation service form**



Complete and return to documentservices@heffron.com.au or mail to PO Box 200 Maitland NSW 2320.

SECTION A: ACCOUNTANT,	<b>/ADVISER DETAILS</b>
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Contact person		Со	mpany r	ame			
Postal address							
Suburb			State		Р	ostcode	
Phone		Email					
Mobile phone		CC Email					
Please select how you would like to receive the documents Email OR Post							

#### **SECTION B: SMSF DETAILS**

SMSF name	
ABN	

# **SECTION C: TRUSTEE STRUCTURE** (Tick ☑ whichever is applicable)

Individual trustee	rs		
Corporate truste	e (Complete company name and ACN below)		
Company Name		ACN	

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

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

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



#### SECTION E: MEMBER DETAILS (Note: If we are documenting deferments for more than one member, please copy this page.)

Full <u>legal</u> name (First/Middle/Last)					Title	
TFN <sup>1</sup>	Date of birth		Phone			
Postal address						
Suburb		State		Pos	tcode	

### **SECTION F: CONTRIBUTION DETAILS** (Note: If there is more than one contribution being deferred, please copy this page.)

Date contribution <b>received</b> by the Fund:	
Type of contribution	Amount
Employer contribution	\$
Personal contribution which member intends to claim as a tax deduction (a section 290-170 notice will need to be provided by the member and acknowledged by the trustee – this can't be done until the contribution is allocated to the member)	\$
Personal contribution which member doesn't intend to claim as a tax deduction (ie a non-concessional contribution)	\$
Other: (please advise type)	\$
Date contribution is to be <b>allocated</b> to member account:	

# **SECTION G: ACKNOWLEDGEMENT**

I confirm that the information on this form is correct and I have the authority to request and pay for the services requested on behalf of the superannuation fund.

I acknowledge and understand that unless a Statement of Advice from Heffron recommending the course of action contemplated by these documents has been obtained, Heffron has not reviewed my / our circumstances to determine whether or not such action is appropriate and have simply executed and provided the requested services in accordance with my / our instructions or instructions from my / our adviser(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

<sup>&</sup>lt;sup>1</sup> You do not have to provide your TFN to us, however it should be added to the ATO documentation prior to lodging as it will help them identify you correctly and process your form quickly.



#### **SECTION H: 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 Consulting Pty Ltd, PO Box 200, MAITLAND NSW 2320, or via email at <u>privacy.officer@heffron.com.au</u>.

#### **SECTION I: 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 – I	Credit Card – Please call Heffron on 1300-HEFFRON to process Credit card payments (VISA or Mastercard only)					
Direct Debit Authority in place						