

Actuarial certificate request form



Complete and return to 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 | | Company name | |
| Postal address | | | |
| Suburb | | State | Postcode |
| Phone | | Email* | |
| Mobile phone | | CC Email | |
| * Email addresses are mandatory – Certificates and invoices are issued electronically | | | |

SECTION B: SMSF DETAILS (Tick whichever is applicable)

| | |
|---------------------|---------------|
| SMSF name | |
| ABN | |
| Individual trustees | |
| Corporate trustee | Company Name: |

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

| | | | | |
|---|--------|---|-------|--|
| INDIVIDUAL 1 | Member | Individual Trustee / Director (Corporate trustee) | Title | |
| Full legal name (First/Middle/Last) | | | DOB: | |
| INDIVIDUAL 2 | Member | Individual Trustee / Director (Corporate trustee) | Title | |
| Full legal name (First/Middle/Last) | | | DOB: | |
| INDIVIDUAL 3 | Member | Individual Trustee / Director (Corporate trustee) | Title | |
| Full legal name (First/Middle/Last) | | | DOB: | |
| INDIVIDUAL 4 | Member | Individual Trustee / Director (Corporate trustee) | Title | |
| Full legal name (First/Middle/Last) | | | DOB: | |
| INDIVIDUAL 5 | Member | Individual Trustee / Director (Corporate trustee) | Title | |
| Full legal name (First/Middle/Last) | | | DOB: | |
| INDIVIDUAL 6 | Member | Individual Trustee / Director (Corporate trustee) | Title | |
| Full legal name (First/Middle/Last) | | | DOB: | |

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

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

| | | |
|---|-----|----|
| <p>Confirmation of pension payments</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, we will be in touch)</p> | Yes | No |
| <p>Select how many decimal places to calculate (0-4)</p> | | |
| <p>This actuarial certificate request is urgent – 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"> • Statement of Financial Position (comparative: current & previous financial year) • Income Statement |
| <p>General ledger (or equivalent)</p> <ul style="list-style-type: none"> • Dates and amounts of all major transactions within the fund for the year (contributions, pension payments, insurance premiums, lump sums, rollovers, transfers, other) <p><u>(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)</u></p> |
| <p>Member statements</p> <ul style="list-style-type: none"> • Details of ALL accumulation and pension accounts within the fund <u>(separated NOT combined statements)</u> • Opening and closing balances • Major transactions • Earnings (this may be an interim allocation – pending the actuarial certificate and completion of tax entries – alternatively we can allocate earnings) |

SECTION F: ACKNOWLEDGEMENT

I/we:

- declare that the information provided on this form is true and correct and agree to pay for the services requested on this form, and
- 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

SECTION G: PRIVACY STATEMENT

Heffron SMSF Solutions is committed to protecting the privacy and rights of its customers. Our [Privacy Policy](#) 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 privacy.officer@heffron.com.au.

SECTION H: 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.