

SMSF Transfer Form



Complete and return this form to Heffron at:

Fax: (02) 4930 2199

Email: smsfdirect@heffron.com.au

Post: PO Box 200 Maitland 2320

Section A: Contact Details

Name: Postal Address:

Phone: Email:

Section B: Fund Details

Super Fund Name: ABN:

Financial year from which Heffron is taking over administration

Fund Status (select one): Accumulation Phase Pension Phase

Section C: Trustee Details

Trustee Type: Corporate Trustee Company Name: ACN:

Tick the following if you want Heffron to be the:

ASIC agent Registered office

Please forward a copy of the latest ASIC company statement. A fee may apply if not provided.

Individual Trustee

Section D: Individual Details

<input type="checkbox"/> Member <input type="checkbox"/> Director <input type="checkbox"/> Trustee Title: Mr/Mrs/Miss/Ms/Dr Full Name: Residential Address:	<input type="checkbox"/> Member <input type="checkbox"/> Director <input type="checkbox"/> Trustee Title: Mr/Mrs/Miss/Ms/Dr Full Name: Residential Address:
<input type="checkbox"/> Member <input type="checkbox"/> Director <input type="checkbox"/> Trustee Title: Mr/Mrs/Miss/Ms/Dr Full Name: Residential Address:	<input type="checkbox"/> Member <input type="checkbox"/> Director <input type="checkbox"/> Trustee Title: Mr/Mrs/Miss/Ms/Dr Full Name: Residential Address:

Section E: Previous Administrator/Accountant Details

Company Name: Contact Person:

Email: Phone:

Note: We recommend you speak to your previous accountant/administrator and inform them you are transferring your SMSF to Heffron.

Section F: Heffron Administration

Heffron Administration offer: Foundation Value Premium

Visit www.heffron.com.au to find the administration package that best suits your SMSF needs.

Section G: Acknowledgement

By signing this form, you agree that Heffron will be taking over the ongoing administration of your SMSF and you agree to Heffron contacting your previous administrator/accountant to obtain your fund's records.

Signed _____