

SMSF Transfer Form

WE. SMSF

Download to complete as a PDF and click the submit button at the end to automatically email it back to us.
You can also return the completed form to Shaun@wesmsf.com.au or mail to PO Box 200 Maitland NSW 2320.

SECTION A: MAIN CONTACT DETAILS

Please note: The person entered as Individual 1 below will be listed as the main contact for the Fund			
I do not wish to receive any documents via an electronic signing platform			
Please select an alternate/secondary method for delivery:		Email	<u>OR</u> Post

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

SMSF name			
ABN			
Trustee structure	Individual trustees	Corporate trustee (Complete company name and ACN below)	
Company name		ACN	
This fund has a corporate custodian/borrowing trust			
Company name		ACN	

SECTION C: WE SMSF ADMINISTRATION SERVICE DETAILS

Financial year from which Heffron is taking over:			
Administration package:	Streamlined	Standard	Advanced
Is the SMSF registered for GST?	No		
	Yes – Reports and pays GST annually		
	Yes – Reports and pays GST quarterly (Additional fees apply)		
Would you like WE SMSF to act as the mailing address for the SMSF? (Additional fees apply - This relates to the mailing address for the Fund's investments only)			Yes
Would you like WE SMSF to become the ASIC agent and registered office for the corporate trustee? (Additional fees apply)			Yes
Would you like WE SMSF to become the ASIC agent and registered office for the corporate custodian? (Additional fees apply)			Yes

SECTION D: PREVIOUS ADMINISTRATOR/ACCOUNTANT DETAILS

Contact person			Firm name			
Postal address						
Suburb				State		Postcode
Phone		Email				
Note: We recommend speaking to the previous accountant/administrator to inform them of the transfer to Heffron for SMSF Administration						

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

INDIVIDUAL 1	Member		Individual Trustee		Director (Corporate trustee)		Director (Corporate custodian)	
Full legal name (First/Middle/Last)								
Title				Preferred Name (if different from First name)				
Gender	Male	Female	Other	Date of birth (dd/mm/yyyy)				
Residential address								
Suburb				State		Postcode		
Postal address	As above							
Suburb				State		Postcode		
Email								
Phone				Mobile				
INDIVIDUAL 2	Member		Individual Trustee		Director (Corporate trustee)		Director (Corporate custodian)	
Full legal name (First/Middle/Last)								
Title				Preferred Name (if different from First name)				
Gender	Male	Female	Other	Date of birth (dd/mm/yyyy)				
Residential address								
Suburb				State		Postcode		
Postal address	As above							
Suburb				State		Postcode		
Email								
Phone				Mobile				
INDIVIDUAL 3	Member		Individual Trustee		Director (Corporate trustee)		Director (Corporate custodian)	
Full legal name (First/Middle/Last)								
Title				Preferred Name (if different from First name)				
Gender	Male	Female	Other	Date of birth (dd/mm/yyyy)				
Residential address								
Suburb				State		Postcode		
Postal address	As above							
Suburb				State		Postcode		
Email								
Phone				Mobile				

INDIVIDUAL 4	Member	Individual Trustee	Director (Corporate trustee)	Director (Corporate custodian)
Full legal name (First/Middle/Last)				
Title			Preferred Name (if different from First name)	
Gender	Male	Female	Other	Date of birth (dd/mm/yyyy)
Residential address				
Suburb			State	Postcode
Postal address	As above			
Suburb			State	Postcode
Email				
Phone			Mobile	
INDIVIDUAL 5	Member	Individual Trustee	Director (Corporate trustee)	Director (Corporate custodian)
Full legal name (First/Middle/Last)				
Title			Preferred Name (if different from First name)	
Gender	Male	Female	Other	Date of birth (dd/mm/yyyy)
Residential address				
Suburb			State	Postcode
Postal address	As above			
Suburb			State	Postcode
Email				
Phone			Mobile	
INDIVIDUAL 6	Member	Individual Trustee	Director (Corporate trustee)	Director (Corporate custodian)
Full legal name (First/Middle/Last)				
Title			Preferred Name (if different from First name)	
Gender	Male	Female	Other	Date of birth (dd/mm/yyyy)
Residential address				
Suburb			State	Postcode
Postal address	As above			
Suburb			State	Postcode
Email				
Phone			Mobile	

ACKNOWLEDGEMENT & AUTHORITY By

submitting this form, you hereby:

- acknowledge that the trustee(s) or director(s) of the corporate trustee have read, understood, and agreed to the terms detailed in Heffron's [Privacy Policy](#),
- confirm that the information on this form is correct and I have the authority to request the services requested on behalf of the superannuation fund.