

# ROPS registration service form

# WE. SMSF

Complete and return to [documentservices@wesmsf.com.au](mailto:documentservices@wesmsf.com.au) or mail to PO Box 00 Robina QLD 4226.

## SECTION A: ACCOUNTANT/ADVISER DETAILS

Contact person		Company name			
Postal address					
Suburb		State		Postcode	
Phone		Email			
Mobile phone		CC Email			
Please select how you would like to receive the documents      Email <b>OR</b> Post					

## SECTION B: SMSF DETAILS

SMSF name	
ABN	

## SECTION C: SERVICES REQUIRED (Tick ☒ whichever is applicable)

Preparation of HMRC ROPS notification form – Please complete sections <b>D, E</b> and <b>K to M</b> below		
Preparation of HMRC ROPS re-notification form	QROPS reference number (6 numbers)	
Lodgement of ROPS notification form with HMRC		
Trust deed amendment (additional fees apply) – Please complete <b>all</b> sections below <b>Our service includes:</b> Review of the SMSF's current deed/rules to identify who has the power to amend the rules of the SMSF, and how such amendment must be done, and preparation of appropriate documentation to facilitate an amendment to the rules of the SMSF.		
Fund establishment (additional fees apply) – Please complete the scheme manager section below <b>and</b> our Fund establishment service form		

## SECTION D: SCHEME MANAGER

Full <b>legal</b> name (First/Middle/Last)		Title	
Residential address			
Suburb		State	Postcode
Phone		Email	

## SECTION E: AGE CONFIRMATION (Tick ☒ whichever is applicable)

WE SMSF's Rules of SMSF for ROPS funds limit the minimum age of the members to 55 as HMRC only allow lump sum overseas UK pension transfers for those individuals who are 55 years or over and are members of the appropriate Recognised Overseas Pension Scheme (ROPS).

I confirm that all <b>members</b> of the Fund are aged 55 or over?	Yes	No
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## SECTION F: TRUSTEE STRUCTURE (Tick ☒ whichever is applicable)

Individual trustees		
Corporate trustee (Complete company name and ACN below)		
Company Name		ACN

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

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

## SECTION H: LEGAL CAPACITY OF MEMBER(S) (Tick ☒ whichever is applicable, and complete details if necessary)

The member(s) of the SMSF are personally required to sign the amendment documentation. In order to do so, the member must be “sui juris” – aged 18 or over with legal capacity to make a binding legal agreement. In cases where a member is unable to sign the documentation, another person may be able to sign the documentation on behalf of the member.

Does each <b>member</b> have legal capacity to make a binding legal agreement?	Yes	No (if no, list name(s) of any member who does not have legal capacity, together with the name(s) of the attorney(s) that will be signing the documentation on behalf of the member)
Will each <b>member</b> be <u>personally signing</u> the amendment documentation?	Yes	No (if no, list name(s) of any member who will not be personally signing, together with the name(s) of the attorney(s) that will be signing the documentation on their behalf)

## SECTION I: MEMBER(S) WHO ARE NOT AN INDIVIDUAL TRUSTEE/DIRECTOR OF THE CORPORATE TRUSTEE (Tick ☒ whichever is applicable, and complete details if necessary)

Is any <b>member's attorney</b> (under an Enduring Power of Attorney) <b>acting in their place</b> as an individual trustee/director of the corporate trustee?	No	Yes (if yes, list relevant member(s) and the name(s) of the attorney(s))
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## SECTION J: PLEASE ATTACH THE FOLLOWING (Tick ☒ whichever is applicable, and attach)

The SMSF's current trust deed/rules	OR	I/we confirm the SMSF's current trust deed has been misplaced, possibly inadvertently destroyed
Change of trustee documents (if the trustee has changed since the execution of the current deed/rules)		
Enduring power of attorney documents (if a member's attorney will be signing the amendment documentation on behalf of the member and/or the member's attorney is acting in the member's place as trustee/director of the corporate trustee)		

## SECTION K: 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 agree to pay any amendment fees charged in the event that any information on this form is incorrect and WE SMSF are requested to amend the documentation,
- instruct WE SMSF to prepare the documentation on the assumption that:
  - a full copy of the deed *establishing* the SMSF exists, and this establishment deed has been dated and executed correctly, unless told otherwise (note that without such evidence, a Court may rule that the SMSF does not exist which may have tax and estate planning ramifications),
  - all prior deeds/deed amendments or amendments to the rules of the SMSF, any change of trustee and any Enduring Power of Attorney/Power of Attorney have been done correctly, and I/we understand WE SMSF will not be reviewing whether such documents have been done correctly,
  - there are no defined benefit pensions being paid from the fund, unless told otherwise, and
  - all members are 18 or older and they have their capacity to sign, unless told otherwise,
- instruct & authorise WE SMSF to provide any relevant information to third parties (eg lawyers) in order to prepare the documentation, and
- acknowledge and understand that unless a Statement of Advice from Wealth Effect Group recommending the course of action contemplated by these documents has been obtained, WE SMSF 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 L: PRIVACY STATEMENT

WE 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 WE SMSF Pty Ltd, PO Box 00, ROBINA QLD 4226, or via email at [privacy.officer@wesmsf.com.au](mailto:privacy.officer@wesmsf.com.au).

## SECTION M: PAYMENT INFORMATION

Amount: \$	
EFT Transfer	BSB: 182-182 Account: 000000000 <i>Please attach transaction receipt of payment to service form as confirmation of payment</i>
Credit Card – Please call WE SMSF on 1300-459-101 to process Credit card payments (VISA or mastercard only)	
Direct Debit Authority in place	