

Reversionary changes

WE. SMSF

Complete this form and return to documentservices@wesmsf.com.au or mail to PO Box 00 Robina QLD 4226.

Our documentation service includes the preparation of the required documents to enact the changes.

SECTION A: ACCOUNTANT/ADVISER DETAILS

Contact person				Firm name			
Postal address							
Suburb				State		Postcode	
Phone			Email				
Mobile			CC email				
Please select how the documents should be delivered:				Email	<u>OR</u>	Post	
Please select who the documents should be delivered to:				Accountant/Adviser	<u>OR</u>	Individual 1	

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	

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

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

SECTION D: PENSIONER DETAILS

Pensioner's Full legal name (First/Middle/Last)	
What change is being done to the pension(s)?	
Removal of reversionary	
Addition of reversionary	
New reversionary beneficiary's details (if applicable)	
Reversionary's Full legal name (First/Middle/Last)	
Relationship to pensioner (eg. spouse)	
Details of pension(s) to be changed	
<u>Account name</u>	<u>Tax free %</u>

SECTION E: PLEASE ATTACH THE FOLLOWING (Tick ☒ whichever is applicable, **and attach**)

The SMSF's current trust deed/rules
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 documentation on behalf of the member)
In respect of any pensions where the reversionary is to be changed and the pension is still in payment, full copy of the pension commencement documents
In respect of any pensions where the reversionary is to be changed and the pension is still in payment, full copy of the pension amendment documents if the current reversionary beneficiary was added after the commencement of the pension

ACKNOWLEDGEMENT & AUTHORITY

The pensioner and trustee(s) or director(s) of the corporate trustee hereby:

- acknowledge they have read, understood, and agreed to the terms detailed in WE SMSF's [Privacy Policy](#),
- declare the information provided on this form is true and correct and agree to pay for the services requested on this form and, in the event that any information on this form is incorrect and WE SMSF are requested to amend the documentation, agree to pay any amendment fees charged,
- acknowledge and understand to complete the documentation WE SMSF will prepare on the basis that all individuals are 18 or older and they have their capacity to sign, unless told otherwise,
- instruct WE SMSF to provide the services requested on this form to the trustee(s) or director(s) of the corporate trustee using the information provided on this form, and acknowledge and understand that neither the contents of this form, nor the documentation prepared or other services provided constitute 'Financial Product Advice' as defined in the Corporations Act 2001 and should not be regarded as such, and
- acknowledge and understand 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 the personal circumstances of any individual to determine whether or not the requested services are appropriate.

Signature of person authorised to make the
above statements on behalf of the pensioner
and trustee(s) or director(s) of the corporate
trustee

Print name

Date

PAYMENT INFORMATION

Amount:	\$
EFT transfer	BSB: 182-182 Account: 000000 <i>Please attach transaction receipt of payment to service form as confirmation of payment</i>
Credit card	Document services payments <i>Please attach transaction receipt of payment to service form as confirmation of payment</i>
Direct debit authority in place	