

EXISTING FUND APPLICATION FORM

Existing self managed superannuation fund – application to transfer administration

FUND DETAILS

Name of super fund: _____

Fund contact name(s): _____

Postal address: _____

Contact numbers Work: _____ Home: _____

 Fax: _____ Mobile: _____

Preferred contact method: Work Home Fax Mobile Email

Email address: _____

Do you wish to subscribe to our monthly electronic superannuation newsletter: Yes No

Australian Business Number: _____

Tax File Number: _____

GST Registered: Yes No (if YES, date of registration: ___/___/___(DD/MM/YYYY)

Do you currently have an investment advisor Yes No (if yes please provide contact details below)

INVESTMENT ADVISOR DETAILS

Name: _____

Company: _____

Address: _____

Contact Person: _____

Contact numbers Work: _____ Mobile: _____ Fax: _____

Email address: _____

Do you authorise your investment advisor to be able to access your funds financial statements online? Yes No

Do you currently have an existing accountant or fund administrator Yes No (if yes please provide contact details below)

ACCOUNTANT/ADMINISTRATOR DETAILS

Name: _____

Company: _____

Address: _____

Contact person: _____

Contact numbers Work: _____ Mobile: _____ Fax: _____

Email address: _____

Does the fund have a corporate trustee: Yes No (if yes, complete the Company Trustee Details section. If no, complete the Individual Trustee/Member Details section).

COMPANY TRUSTEE DETAILS

Company name: _____
Australian Company Number (ACN): _____
Australian Business Number (if applicable): _____
Tax File Number: _____
Registered office: _____

DIRECTOR 1

Name: _____
Address: _____
Tax File Number: _____ Date of Birth: ___/___/___ (DD/MM/YYYY)
Place of birth: _____
Occupation: _____

DIRECTOR 2

Name: _____
Address: _____
Tax File Number: _____ Date of Birth: ___/___/___ (DD/MM/YYYY)
Place of birth: _____
Occupation: _____

DIRECTOR 3

Name: _____
Address: _____
Tax File Number: _____ Date of Birth: ___/___/___ (DD/MM/YYYY)
Place of birth: _____
Occupation: _____

DIRECTOR 4

Name: _____
Address: _____
Tax File Number: _____ Date of Birth: ___/___/___ (DD/MM/YYYY)
Place of birth: _____
Occupation: _____

INDIVIDUAL TRUSTEE/MEMBER DETAILS

TRUSTEE/MEMBER 1

Title Dr Mr Mrs Ms Miss Other: _____

Surname: _____ Given name(s): _____

Address: _____

Tax File Number: _____ Date of Birth: ___/___/___ (DD/MM/YYYY)

Place of birth: _____

Occupation: _____

Are you a member of the super fund: Yes No

Do you have existing superannuation accounts to roll over to your super fund: Yes No

If YES, please attach copies of the latest account statements to this application form

TRUSTEE/MEMBER 2

Title Dr Mr Mrs Ms Miss Other: _____

Surname: _____ Given name(s): _____

Address: _____

Tax File Number: _____ Date of Birth: ___/___/___ (DD/MM/YYYY)

Place of birth: _____

Occupation: _____

Are you a member of the super fund: Yes No

Do you have existing superannuation accounts to roll over to your super fund: Yes No

If YES, please attach copies of the latest account statements to this application form

TRUSTEE/MEMBER 3

Title Dr Mr Mrs Ms Miss Other: _____

Surname: _____ Given name(s): _____

Address: _____

Tax File Number: _____ Date of Birth: ___/___/___ (DD/MM/YYYY)

Place of birth: _____

Occupation: _____

Are you a member of the super fund: Yes No

Do you have existing superannuation accounts to roll over to your super fund: Yes No

If YES, please attach copies of the latest account statements to this application form

TRUSTEE/MEMBER 4

Title Dr Mr Mrs Ms Miss Other: _____

Surname: _____ Given name(s): _____

Address: _____

Tax File Number: _____ Date of Birth: ___/___/___ (DD/MM/YYYY)

Place of birth: _____

Occupation: _____

Are you a member of the super fund: Yes No

Do you have existing superannuation accounts to roll over to your super fund: Yes No

If YES, please attach copies of the latest account statements to this application form

TRANSFER OF ADMINISTRATION

Are you transferring administration from someone else: Yes No

Name: _____

Company: _____

Address: _____

Reference number or code:

Contact person: _____

Contact numbers Work: _____ Mobile: _____ Fax: _____

Email address: _____

SUPER FUND BANK ACCOUNT DETAILS

Your ongoing administration fee will be deducted from your super fund bank account.

Account Name: _____

Name of financial institution: _____

Address of financial institution: _____

BSB number: _____ Account number: _____

Holder Identification Number (HIN) for your investments: _____

Most recent year in which a tax return was lodged for your super fund: _____

Other financial details: _____

DOCUMENT CHECKLIST

We require the following documents:

- Existing Trust Deed (plus any amendments)
- Financial Statements (last year prepared)
- Income Tax & Regulatory Return (last year lodged)
- Minutes of Meetings of Trustees
- Member Application Forms
- Beneficiary Nomination Forms
- Consent and Declaration to act as Trustees
- Documents relation to Existing Pensions
- Detailed Member Statements (including breakdown of ETP components and eligible service periods)
- Purchase History for all fund investments (Date of Purchase, Amount Paid, Quality Purchased)
- Copies of all current year Bank Statements
- Copies of all investment correspondence (i.e. dividend statements, trust distribution statements, contract notes for sale and purchase of investments)