

Complete and return this form to Heffron at: clientsupport@heffron.com.au OR PO Box 200 Maitland NSW 2320

Our Fund Establishment Service offering includes the following options (Please indicate the required options)

| | |
|--------------------------|--|
| <input type="checkbox"/> | \$715 Fund Establishment Service |
| | Delivery: Your choice of either Hard copy or Electronic copy |
| | Document inclusions: SMSF Trust Deed, Minutes, Trustee Consent Letter, ATO Trustee Declaration(s), Member Application(s), PDS, Death Benefit Nominations and Investment Strategy, if requested |
| | Signing, dating and witnessing requirements individually marked to minimise risk of error |
| | Full review of correct execution of documents |
| | Heffron to apply for ABN, TFN and election to be regulated |
| | Original documentation returned in a professional Master Binder |

| | |
|--------------------------|---|
| <input type="checkbox"/> | \$715 Special Purpose SMSF Trustee Company Establishment Service |
| | Delivery: Your choice of either Hard copy or Electronic copy |
| | Document inclusions: Various Consent Notices and Minutes, Company Constitution, Share Application(s) and Share Certificate(s) |
| | Signing, dating and witnessing requirements individually marked to minimise risk of error |
| | Registration of the Special Purpose Company with ASIC |

SECTION A: ACCOUNTANT/ADVISER DETAILS

| | | | | | |
|---|--|----------|---|----------|------------------------------------|
| Contact Person | | Company | | | |
| Postal Address | | | | | |
| Suburb | | State | | Postcode | |
| Phone | | Email | | | |
| Mobile Phone | | Cc Email | | | |
| Please select how you would like to receive the documents | | | <input type="checkbox"/> Email | OR | <input type="checkbox"/> Post |
| Please select who should receive the documents | | | <input type="checkbox"/> Accountant/Adviser | OR | <input type="checkbox"/> Trustee 1 |

SECTION B: HEFFRON ADMINISTRATION SERVICE DETAILS

| | | | |
|--|---------------------------------------|---|--|
| Fund Package Type | <input type="checkbox"/> Streamlined | <input type="checkbox"/> Standard | <input type="checkbox"/> Advanced |
| GST Registration | | | |
| Superannuation funds are generally not required to register for GST voluntarily, however, if the fund does register it will be able to claim "reduced input tax credits" on some of the GST it pays to its various suppliers | | | |
| Do you wish to register this fund for GST? | <input type="checkbox"/> No | <input type="checkbox"/> Yes, Quarterly | <input type="checkbox"/> Yes, Annually |
| Please note: unless advised otherwise, if Heffron is registering the fund for GST, it will be on a cash basis with a GST turnover of \$0-\$74,999 & will not be importing goods/services into Australia | | | |
| Mailbox Service – only applicable if we are to act as the mailing address for the Fund | <input type="checkbox"/> Yes, Mailbox | | |

| | | | |
|---|--|----------------------|--|
| Investment Strategy | | | |
| Under superannuation law, trustees are required to have a documented investment strategy. Whilst our fund establishment service is not designed to provide investment advice (and should not be construed to) we are able to assist the trustee to document an investment strategy in order to comply with the superannuation law | | | |
| <input type="checkbox"/> No investment strategy is required – this will be attended to separately by the trustee | | | |
| <input type="checkbox"/> Please provide a blank investment strategy | | | |
| Macquarie Cash Management Account | | | |
| Where we act as the Administrator, we can set up a Macquarie Cash Management Account (to be the Fund's bank account) at the same time as establishing the Fund | | | |
| <input type="checkbox"/> Heffron to set up a Macquarie CMA for the Fund. (If not required, proceed to Section C.) | | | |
| Dealer Name | | Dealer Code | |
| Adviser Name | | Adviser Code | |
| INDIVIDUAL 1 | | INDIVIDUAL 2 | |
| Mother's Maiden Name | | Mother's Maiden Name | |
| Occupation | | Occupation | |
| Industry | | Industry | |

SECTION C: FUND AND TRUSTEE DETAILS

| | | | |
|--|-----------------------------------|-----------------------------|----------|
| Fund Name (case sensitive) | | | |
| Establishment Date (if you wish to specify, otherwise leave blank) | | | |
| <input type="checkbox"/> Individual Trustees (Proceed to Section D) | | | |
| <input type="checkbox"/> Existing Corporate Trustee (Please attach a copy of the latest ASIC company statement. A fee may apply if not provided) | | | |
| Name | | ACN | |
| Would you like Heffron to become the ASIC agent and Registered office? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Current Registered Office Address | | | |
| Suburb | | State | Postcode |
| <input type="checkbox"/> New Corporate Trustee (Heffron are instructed to establish a special purpose company to act as Trustee of the Fund) | | | |
| Preferred Name | | | |
| Alternate Name | | | |
| Would you like Heffron to be the ASIC agent and Registered office? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Registered Office Address | | | |
| Suburb | | State | Postcode |
| ASIC requires full <u>physical</u> address details and will not accept a PO Box, property name or Mail Service number. If rural property, please provide the name of the access road to the property | | | |
| Occupier (if not the company) | | | |
| Principal Place of Business | <input type="checkbox"/> As above | | |
| Suburb | | State | Postcode |
| Shareholding | No. of Shares per director | | |
| Unless specified otherwise, each director will be issued with 1 x \$1 ordinary share | | | |

SECTION D: INDIVIDUAL DETAILS (tick all that apply)

| | | | | | |
|--|-----------------------------------|---|-----------------------------------|------------------------------------|---|
| INDIVIDUAL 1 | <input type="checkbox"/> Member | <input type="checkbox"/> Individual Trustee | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | <input type="checkbox"/> Public Officer (Note that 1 director must be the Company's representative to the ATO) |
| Full Legal Name (First / Middle / Last) | | | | | Title |
| Gender (M / F / O) | | Date of Birth | | TFN | |
| Residential Address | | | | | |
| Suburb | | State | | Postcode | |
| Postal Address | <input type="checkbox"/> As above | | | | |
| Suburb | | State | | Postcode | |
| Email | | | | | |
| Phone | | Mobile | | | |
| What is the relationship between this member and the other trustee(s)/director(s)? (eg, spouse, parent, child, no familial relationship) | | | | | |
| Place of Birth (Country, State, Suburb) Only complete if a new Corporate Trustee is being established | | | | | |
| INDIVIDUAL 2 | <input type="checkbox"/> Member | <input type="checkbox"/> Individual Trustee | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | <input type="checkbox"/> Public Officer (Note that 1 director must be the Company's representative to the ATO) |
| Full Legal Name (First / Middle / Last) | | | | | Title |
| Gender (M / F / O) | | Date of Birth | | TFN | |
| Residential Address | | | | | |
| Suburb | | State | | Postcode | |
| Postal Address | <input type="checkbox"/> As above | | | | |
| Suburb | | State | | Postcode | |
| Email | | | | | |
| Phone | | Mobile | | | |
| What is the relationship between this member and the other trustee(s)/director(s)? (eg, spouse, parent, child, no familial relationship) | | | | | |
| Place of Birth (Country, State, Suburb) Only complete if a new Corporate Trustee is being established | | | | | |

Note: if there are more than two individuals please copy this page

SECTION E: DECLARATIONS (REQUIRED IN ALL CASES)

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

- declare that the information provided on this form is true and correct
- in the case of a new Corporate Trustee (if applicable):
 - instruct Heffron to arrange for the establishment of special purpose company to act as Trustee of the Fund
 - declare that the director(s), secretary(ies) and shareholder(s) on this form have consented in writing to their appointment (as required by the Corporations Act)
 - authorise Heffron to provide any relevant information to 3rd parties in relation to the establishment of this company, and appoint such 3rd party as an agent to sign and lodge the Application for Registration of the company

- instruct Heffron to establish an SMSF and any other requested services with the information provided to them for this purpose, and agree to pay for the services requested on this form
- acknowledge and understand that unless a Statement of Advice from Heffron recommending the establishment of an SMSF has been obtained, Heffron has not reviewed my / our circumstances to determine whether or not such a fund is appropriate and have simply established the fund and provided the requested services in accordance with my / our instructions or instructions from my / our adviser(s)
- declare that:
 - the Fund is established on the establishment date as outlined above and / or as specified in the executed Trust Deed that established the Fund
 - the Fund's sole purpose is to provide superannuation benefits to members upon reaching a prescribed age or upon their retirement or death or other cessation of employment
 - the Fund holds an asset (either tangible or intangible) on the establishment date
 - the Fund is entitled to an ABN and I / we confirm my / our understanding of our ABN obligations
 - the Fund is an Australian resident for tax purposes
- elect that the Superannuation Industry (Supervision) Act 1993 is to apply in relation to the Fund, and understand that this election is irrevocable
- declare that the Fund intends to be an SMSF for 12 months or longer
- declare that no individual trustee / director or secretary of the Corporate Trustee:
 - has been convicted of an offence in relation to dishonest conduct in the Commonwealth or any state or territory or foreign country
 - has ever had a civil penalty order made against them
 - is an undischarged bankrupt
 - has been notified that they are a disqualified person by the ATO or APRA
- in the case of a Corporate Trustee only, declare that:
 - it has no grounds to suspect that a director or secretary is a disqualified person
 - a receiver or receiver and manager has not been appointed to the company
 - the company has not been placed under official management nor has a provisional liquidator been appointed
 - the company is not being wound up
- authorise and instruct Heffron to lodge an on-line ABN & TFN application / Notice of Election on behalf of the Fund based on the information provided on this form which is true and correct
- acknowledge that each trustee / director of the corporate trustee is aware that a trustee declaration must be signed within 21 days of commencing duties

 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 F: PRIVACY STATEMENT

Heffron 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 Heffron SMSF Solutions, PO Box 200, MAITLAND NSW 2320, or via email at privacy.officer@heffron.com.au.

SECTION G: PAYMENT DETAILS REQUIRED

| | | |
|--|---|--|
| Amount: \$ | | <input type="checkbox"/> Credit Card |
| Card Type | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard | Card Number: <input type="text"/> |
| Cardholder's Name: | | CCV: <input type="text"/> Exp Date: <input type="text"/> |
| <input type="checkbox"/> EFT Transfer | BSB: 082 691 Account: 561309446 | <input type="checkbox"/> Direct Debit Authority in place |
| <i>Please attach transaction receipt of payment to service form as confirmation of payment</i> | | |