

Complete and return this form to Heffron at: [clientsupport@heffron.com.au](mailto: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)

<b>\$715 Fund Establishment Service</b>	
Delivery:	Hard copy documents delivered in a professional Master file
Document inclusions:	SMSF Trust Deed, Minutes, Trustee Consent Letter, ATO Trustee Declaration(s), Member Application(s), PDS and Death Benefit Nominations.
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	

<b>\$605 Fund Establishment Service</b>	
Delivery:	Hard copy documents delivered in a professional Master file
Document inclusions:	SMSF Trust Deed, Minutes, Trustee Consent Letter, ATO Trustee Declaration(s), Member Application(s), PDS and Death Benefit Nominations.
Signing, dating and witnessing requirements	individually marked to minimise risk of error
No review for correct execution of documents	
Accountant/adviser/trustee must apply for ABN, TFN and election to be regulated	

<b>\$715 Special Purpose SMSF Trustee Company Establishment Service</b>	
Delivery:	Hard copy documents delivered in a professional Master file
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 Name				
Postal Address								
Suburb				State			Postcode	
Phone			Email					
Mobile Phone			Cc Email					
Please select how you would like to receive the documents				Email	OR	Post		
Please select who should receive the documents				Accountant/Adviser	OR	Trustee 1		

## SECTION B: FUND AND TRUSTEE DETAILS

Fund Name (case sensitive)				
Individual Trustees (Proceed to Section C)				
Existing Corporate Trustee (Please attach a copy of the latest ASIC company statement. A fee may apply if not provided)				
Name				ACN
Registered Office Address				
Suburb		State		Postcode
New Corporate Trustee (Heffron are instructed to establish a special purpose company to act as the Trustee of the Fund)				
Preferred Name				
Alternate Name				
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				
Suburb		State		Postcode
If the same as the Registered Office Address, please write "As above"				
Shareholding		No. of Shares per director		
Unless specified otherwise, each director will be issued with 1 x \$1 ordinary share				

## SECTION C: INDIVIDUAL DETAILS (tick all that apply)

INDIVIDUAL 1	Member	Individual Trustee	Director	Secretary	Public Officer (One 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	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					

## SECTION C CONTINUES ON NEXT PAGE

<b>INDIVIDUAL 2</b>	Member	Individual Trustee	Director	Secretary	Public Officer (One 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	
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					
<b>INDIVIDUAL 3</b>	Member	Individual Trustee	Director	Secretary	Public Officer (One 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	
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					
<b>INDIVIDUAL 4</b>	Member	Individual Trustee	Director	Secretary	Public Officer (One 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	
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					

## SECTION D: 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 3<sup>rd</sup> parties in relation to the establishment of this company, and appoint such 3<sup>rd</sup> party as an agent to sign and lodge the Application for Registration of the company
- instruct Heffron to establish a self managed superannuation fund 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 a self managed superannuation fund 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).

\_\_\_\_\_  
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 E: ADDITIONAL INFORMATION / DECLARATIONS – ONLY COMPLETE IF HEFFRON IS TO COMPLETE AND LODGE AN ON-LINE ABN & TFN APPLICATION / NOTICE OF ELECTION

<b>Authorised contact details for the ATO</b> (the person the ATO may contact for further information, and the addresses to be used by the ATO for services of notices and correspondence)					
Title		Firm Name			
Full Legal Name (First / Middle / Last)					
Position held (ie accountant, adviser, etc)					
Tax Agent registration number (if firm is to be Fund's tax agent):					
Email Address					
Phone		Facsimile			
Street Address					
Suburb		State		Postcode	
Postal Address					
Suburb		State		Postcode	
Preferred language (leave blank if English)					

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

- 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 a self managed superannuation fund 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](mailto:privacy.officer@heffron.com.au).

## PAYMENT INFORMATION

Amount: \$	
EFT Transfer	BSB: 082 691 Account: 561309446 <i>Please attach transaction receipt of payment to service form as confirmation of payment</i>
Credit Card – Please call Heffron on 1300-HEFFRON to process Credit card payments. (VISA or MasterCard only)	
Direct Debit Authority in place	