

Takeover – superannuation fund details – YE 201 _____

contact person _____ signature _____

(documents & invoice will be directed to this person, unless otherwise stated)

company/firm name (if applicable) _____

postal address _____ postcode _____

street address (if different) _____ postcode _____

phone _____ fax _____ mobile _____

email _____

fund details

name of fund _____

abn _____ tfn _____

establishment/commencement date _____ - _____ - _____

trustees – (please provide full legal names)

 individuals as trustees yes no

name _____ name _____

name _____ name _____

 or company as trustee yes no

company name _____

acn _____

director _____ director _____

director _____ director _____

registered office address _____ postcode _____

members – (please provide full legal names)

name (Mr/Mrs/Ms) _____ date of birth _____ - _____ - _____

tax file number _____ eligible service date _____ - _____ - _____ date joined fund _____ - _____ - _____

residential address _____ postcode _____

name (Mr/Mrs/Ms) _____ date of birth _____ - _____ - _____

tax file number _____ eligible service date _____ - _____ - _____ date joined fund _____ - _____ - _____

residential address _____ postcode _____

IMPORTANT INFORMATION: SMSF Works has taken reasonable care to ensure that the information found in this fact sheet is correct at the time of writing. The information contained in this fact sheet is a guide only. You should obtain further information specific to your situation or professional advice before making a decision. Changes in the law or ASIC's policies may occur at any time and may impact the accuracy, reliability or completeness of the information. We are not liable for any decision taken on the basis of the information shown in or omitted from this document. Copyright © SMSF Works. All rights reserved. Version 2 – November 2016

name (Mr/Mrs/Ms)	_____	date of birth	_____ - _____ - _____
tax file number	_____	eligible service date	_____ - _____ - _____
residential address	_____		postcode _____
name (Mr/Mrs/Ms)	_____	date of birth	_____ - _____ - _____
tax file number	_____	eligible service date	_____ - _____ - _____
residential address	_____		postcode _____

checklist – historical information

Please provide the following information where applicable:

1. **Authority Letter** - please sign and return the attached client authority letter for us to use in sending an ethical letter to your previous service provider.
2. **Trust Deed** - please supply a properly executed copy of the fund's existing trust deed.
3. **Member/Trustee Information** - for each member please provide copies of the following:
 - o Trustee Declaration (required for all members/trustees that joined a fund from 1st July 2007 onwards)
 - o Tax File Number Declaration
 - o Binding Death Benefit Nomination (if applicable)
 - o Minutes/agreements in relation to any existing pension accounts (if applicable)
4. **Financial Statements & Annual Returns** - please provide copies of the following documents:
 - o Last set of financial statements and income tax return
 - o Fund's last audit report
 - o Actuarial certificate (if applicable)
 - o A detailed asset register setting out the date of acquisition, cost base, number of units/shares and value for each asset or parcel of listed securities.
5. **Investment Strategy** - please provide a copy of the current investment strategy.

complete and return this form to: SMSF WORKS PTY LTD

08/17

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