

## Existing SMSF details

SMSF name	<input type="text"/>		
Street address	<input type="text"/>		
Suburb/City	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Fund ABN	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Date established	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Trustee structure

Individual trustee	<input type="checkbox"/>	Corporate trustee	<input type="checkbox"/>
Company name	<input type="text"/>		
Company ACN	<input type="text"/>		

## Trustee/Director details

	Trustee/Director 1 <i>(primary contact)</i>	Trustee/Director 2	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	
Given name(s)	<input type="text"/>	<input type="text"/>	
Surname	<input type="text"/>	<input type="text"/>	
Street address	<input type="text"/>	<input type="text"/>	
Suburb	<input type="text"/>	<input type="text"/>	
State, Postcode	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Mobile	<input type="text"/>	<input type="text"/>	
Email Address	<input type="text"/>	<input type="text"/>	
Date of birth	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>
Place of birth	<input type="text"/>	<input type="text"/>	
Tax File Number	<input type="text"/>	<input type="text"/>	
Preferred method of correspondence	Mobile <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/>	Mobile <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/>	

# SMSF Transfer Form



	Trustee/Director 3	Trustee/Director 4
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>
Given name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Street address	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
State, Postcode	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Place of birth	<input type="text"/>	<input type="text"/>
Tax File Number	<input type="text"/>	<input type="text"/>
Preferred method of correspondence	Mobile <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/>	Mobile <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/>

## Current SMSF status

Currently without	<input type="checkbox"/>		
Currently with another	<input type="checkbox"/>	Name of administration service <input type="text"/>	
List all applicable	Cash deposits	Financial Institution	Account number
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
	Managed funds	Brokerage funds	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
	Shares	Brokerage funds	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
	Wrap Platform Name	<input type="text"/>	
	No. of Properties	<input type="checkbox"/>	

## Member declaration and signature

Signature	<input type="text"/>		
Print name	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>