

SMSF Takeover Application Form



Part A: Existing SMSF Details

1. SMSF Selection:

- Takeover the Administration of my SMSF
- Property Trust Establishment with Corporate Trustee
- Foreign Investment Advice on LLC Establishment

2. Name of existing SMSF:

ABN:

TFN:

3. SMSF Primary Postal Address

No/Street:

Suburb:

State:

Postcode:

4. SMSF Primary Contact Person

Family Name:

Given Names:

5. SMSF Primary Contact Details

Mobile:

Telephone (H):

Telephone (W):

Fax:

Email:

6. Existing Administration Provider/Accountant Details

Business Name:

Contact Name:

No/Street:

Suburb:

State:

Postcode:

Mobile:

Telephone:

Fax:

Email:

Part B: SMSF Trustee Details

7. Is the trustee a Corporate Trustee?

- Yes
- No

8. Corporate Trustee details

Company Name:

Registered Address

No/Street:

Suburb:

State:

Postcode:

ABN:

ACN:

TFN:

Part C: Member/Trustee/Director Details

9. Member/Trustee/Director 1

Mr Mrs Ms Miss Other

Family Name:

Given Name:

Gender Male Female

City of Birth: DOB:

Occupation:

TFN:

Registered Address

No/Street:

Suburb:

Postcode: State:

Contact details

Mobile:

Telephone (H/W):

Email:

Trustee & Member Trustee Only

10. Member/Trustee/Director 2

Mr Mrs Ms Miss Other

Family Name:

Given Name:

Gender Male Female

City of Birth: DOB:

Occupation:

TFN:

Registered Address

No/Street:

Suburb:

Postcode: State:

Contact details

Mobile:

Telephone (H/W):

Email:

Trustee & Member Trustee Only

11. Member/Trustee/Director 3

Mr Mrs Ms Miss Other

Family Name:

Given Name:

Gender Male Female

City of Birth: DOB:

Occupation:

TFN:

Registered Address

No/Street:

Suburb:

Postcode: State:

Contact details

Mobile:

Telephone (H/W):

Email:

Trustee & Member Trustee Only

12. Member/Trustee/Director 4

Mr Mrs Ms Miss Other

Family Name:

Given Name:

Gender Male Female

City of Birth: DOB:

Occupation:

TFN:

Registered Address

No/Street:

Suburb:

Postcode: State:

Contact details

Mobile:

Telephone (H/W):

Email:

Trustee & Member Trustee Only

Part D: Adviser/Representative Details

13. Adviser/representative

Name:

Company Name:

AFSL Number:

Postal Address

No/Street:

Suburb:

State:

Postcode:

Part E: Authority to Proceed

I/We declare that the information contained within this application to be true and accurate as at the date of signing.

I/we authorise Sapient Superannuation Pty Ltd to proceed with the SMSF and Corporate Trustee (if applicable) establishment.

I/We authorise Sapient Superannuation Pty Ltd to register the SMSF and Corporate Trustee (if applicable) with the ATO for the purposes of obtaining an Australian Business Number (ABN) and Tax File Number (TFN).

I/We understand that Sapient Superannuation may collect and store personal information for the purpose of establishing and administering the SMSF. All collection and storage complies with relevant regulations and with the Sapient Superannuation Privacy Policy.

I/We appoint Sapient Superannuation Pty Ltd as the administrator of our SMSF from the date this form is signed.

I/We agree to the release of information by Sapient Superannuation Pty Ltd to my listed advisor/representative in Part D of this form.

I/We have been supplied with, have read, and understand the Sapient Superannuation Pty Ltd Schedule of Fees, and consent to the payment terms and conditions.

I/We authorise Sapient Superannuation Pty Ltd to deduct monthly and annual fees from the SMSF's bank account in accordance with the Schedule of Fees.

I/We appoint Sapient Superannuation Pty Ltd as the SMSF's administration and tax service provider for a period of 2 years from the date this application is signed.

I/We understand that if we terminate the SMSF's appointment of Sapient Superannuation Pty Ltd as the administration and tax service provider within 2 years of signing this form, the Sapient Superannuation Pty Ltd establishment package fee will be charged (if not fully paid), as well as a minimum of 2 years administration fees outlined in the Schedule of Fees.

I/We understand that if I/we terminate the appointment of Sapient Superannuation for the following financial year, I/we will need to notify Sapient Superannuation Pty Ltd no less than 10 business days before the end of the current financial year.

I/We agree that full and true disclosure of every SMSF transaction will be provided.

I/We understand that Sapient Superannuation Pty Ltd will not be liable for any loss, outgoing or otherwise suffered by the fund or any of its Members as a result of the Trustee withholding SMSF information, failing to co-operate with the SMSF's administration, or acting in a manner which is contrary to the Superannuation Industry Supervision (SIS) Act.

I/We understand that Sapient Superannuation Pty Ltd is not licenced to provide investment advice and has not provided any investment advice in relation to establishing this SMSF.

I/We understand that we should seek personal financial advice before opening and transferring assets into an SMSF and making investment decisions.

I/We understand that Sapient Superannuation Pty Ltd takes no responsibility for the performance of the SMSF, or any investment decisions made within the SMSF.

SMSF Takeover Application Form



14. Member/Trustee/Director 1

Name:

Signature:

Date:

15. Member/Trustee/Director 2

Name:

Signature:

Date:

16. Member/Trustee/Director 3

Name:

Signature:

Date:

17. Member/Trustee/Director 4

Name:

Signature:

Date:

Please include with you application one of the following ID requirements;

- Certified copy of your Driver's Licence
- Certified copy of your Passport
- Certified copy of your Birth Certificate

Please return your completed application to;

info@sapientfinancial.com.au

or

PO Box R1405
Royal Exchange NSW 1225
P – 02 8205 7857 | F – 02 8205 7867

or

PO Box 18092
Melbourne VIC 3001
P – 03 9013 0049 | F – 02 8205 7867

