

# TRANSITION REQUEST FORM

## Transfer of an Existing SMSF Administration Services Application

Name of Adviser \_\_\_\_\_ Phone \_\_\_\_\_

Adviser Firm Name \_\_\_\_\_ Adviser Email \_\_\_\_\_

Adviser Address \_\_\_\_\_

Fund Name \_\_\_\_\_

### Type of Administration Service

Digital  Non-digital \_\_\_\_\_ and  Annual  Quarterly  Ongoing

Is Shape Super to also be the Tax Agent to lodge the Tax Return?  Yes  No

*(If 'No' please advise the contact details of the Tax Agent to be used to lodge the Tax Return)*

Company Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Is Shape Super to arrange the Auditor?  Yes  No

*(If 'No' please advise the contact details of the Auditor to be used)*

Company Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

### Existing Fund Details

Fund Name \_\_\_\_\_

Individual Trustee OR  Corporate Trustee

Name of Corporate Trustee \_\_\_\_\_

Current Registered Office Address \_\_\_\_\_

Name of Existing Custodian/Security Trustee (if applicable) \_\_\_\_\_

Current Registered Office Address \_\_\_\_\_

Fund Establishment Date \_\_\_\_\_ Fund ABN \_\_\_\_\_ Fund TFN \_\_\_\_\_

Is the Fund currently registered for GST?  Yes  No

If yes, what payment cycle applies?  A  Q

Would you like PAYG and IAS statements (if applc) forwarded directly to the trustees home address?  Yes  No

*\*Is/are the Registered Office Address/es for the Company/ies to change to Shape Super Pty Ltd?*  Yes  No

***\*If Yes, you will be sent and must sign an ASIC form 362 to authorise Shape Super Pty Ltd to be the Registered ASIC Agent. Please note an annual fee of \$150.00 applies for ASIC Registered Agent services for each company***

***If No, please note a fee of \$27.50 per notice will be payable if Shape Super is to receive the notice or arrange payment.***

# TRANSITION REQUEST FORM

## Previous Administrator / Accountant Details

Name of previous Administrator \_\_\_\_\_

Address \_\_\_\_\_

Name of Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Has the previous Administrator been informed of the change?  Yes  No

Would you like a letter drafted from the Trustees to the previous Accountant advising of the change prepared?  Yes  No

Timing and amount of current Administration fees

Yearly \$ \_\_\_\_\_ Quarterly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

## Tax Return Lodgement Status for this Fund

What financial year-end date is the first Tax Return to be prepared by Shape Super? \_\_\_\_\_

OR  No Tax Return has even been lodged

## Bank, Broker and Wrap Details

Name of Funds Bank Details/Institution: (for the main operating bank account hereby nominated for where deductions for administration fees and taxes are to be made)

Bank Name \_\_\_\_\_ BSB \_\_\_\_\_ Acc Number \_\_\_\_\_

Please advise any other bank accounts (high interest accounts / loan accounts etc)

Bank Name \_\_\_\_\_ BSB \_\_\_\_\_ Acc Number \_\_\_\_\_

Bank Name \_\_\_\_\_ BSB \_\_\_\_\_ Acc Number \_\_\_\_\_

Bank Name \_\_\_\_\_ BSB \_\_\_\_\_ Acc Number \_\_\_\_\_

Name of Wrap Accountant \_\_\_\_\_ Acc number \_\_\_\_\_ HIN \_\_\_\_\_

Name of Stock Broker \_\_\_\_\_ Acc number \_\_\_\_\_ HIN \_\_\_\_\_

Please comment on any other investment or relevant details here

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# TRANSITION REQUEST FORM

## Trustee / Member Details

### Trustee Member 1

Title \_\_\_\_\_ Surname/Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Full Residential Street Address \_\_\_\_\_

Daytime Contact No \_\_\_\_\_ TFN \_\_\_\_\_ DOB \_\_\_\_\_

Email Address \_\_\_\_\_

Existing Pension  Yes  No How many Pensions exist? \_\_\_\_\_

Is/are the Pensions reversionary?  Yes  No

### Trustee Member 2

Title \_\_\_\_\_ Surname/Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Full Residential Street Address \_\_\_\_\_

Daytime Contact No \_\_\_\_\_ TFN \_\_\_\_\_ DOB \_\_\_\_\_

Email Address \_\_\_\_\_

Existing Pension  Yes  No How many Pensions exist? \_\_\_\_\_

Is/are the Pensions reversionary?  Yes  No

### Trustee Member 3

Title \_\_\_\_\_ Surname/Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Full Residential Street Address \_\_\_\_\_

Daytime Contact No \_\_\_\_\_ TFN \_\_\_\_\_ DOB \_\_\_\_\_

Email Address \_\_\_\_\_

Existing Pension  Yes  No How many Pensions exist? \_\_\_\_\_

Is/are the Pensions reversionary?  Yes  No

### Trustee Member 4

Title \_\_\_\_\_ Surname/Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Full Residential Street Address \_\_\_\_\_

Daytime Contact No \_\_\_\_\_ TFN \_\_\_\_\_ DOB \_\_\_\_\_

Email Address \_\_\_\_\_

Existing Pension  Yes  No How many Pensions exist? \_\_\_\_\_

Is/are the Pensions reversionary?  Yes  No

## QROPS

Is the Fund currently registered for QROPS?  Yes  No If, yes list QROPS Number \_\_\_\_\_