

Complete and return this form to Heffron at: dss@heffron.com.au OR PO Box 200 Maitland NSW 2320

WORK TO BE COMPLETED (Please Select):

ESTABLISH A SPECIAL PURPOSE SMSF COMPANY

ESTABLISH A PRIVATE PROPRIETARY LIMITED COMPANY

SECTION A: ACCOUNTANT/ADVISER DETAILS (Please start at Section B if not applicable)

| | | | | | |
|---|--|--------------------|----|-----------|--|
| Contact Person | | Company | | | |
| 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 DETAILS

| | | | |
|-----------|--|-----|--|
| Fund Name | | ABN | |
|-----------|--|-----|--|

SECTION C: TRUSTEE DETAILS

| | | | | | |
|---------------------------|----------|---------|--------|----------|--|
| Individual | | | | | |
| Corporate | Name | | ACN | | |
| Registered Office Address | | | | | |
| Suburb | | State | | Postcode | |
| INDIVIDUAL 1 | Director | Trustee | Member | | |
| Full Legal Name | | | | Title | |
| Residential Address | | | | | |
| Suburb | | State | | Postcode | |
| Postal Address | As above | | | | |
| Suburb | | State | | Postcode | |
| Email | | | | | |
| Phone | | | Mobile | | |
| INDIVIDUAL 2 | Director | Trustee | Member | | |
| Full Legal Name | | | | Title | |
| Residential Address | | | | | |
| Suburb | | State | | Postcode | |

NOTE: If there are more than two individuals, please copy this page

SECTION D: NEW COMPANY DETAILS

| | | | | | |
|--|--|-------|-----|----------|----|
| Preferred Name | | | | | |
| Alternate Name | | | | | |
| Registered Office Address | | | | | |
| Suburb | | State | | Postcode | |
| Would you like Heffron to be the ASIC agent and Registered office? | | | Yes | No | |
| Occupier (if not the company) | | | | | |
| Principal Place of Business 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 | | | | | |
| Consents of Officers & Shareholders | | | | | |
| The officer(s) and shareholder(s) listed below consent to act in the capacities for which they are listed | | | | Yes | No |
| Shareholdings | | | | | |
| If special purpose company, only ordinary shares are allowed under the constitution | | | | | |
| If private proprietary limited company, the class of shares issued will be ordinary shares unless otherwise specified | | | | | |
| Each director will be issued with 1 x \$1 share unless otherwise specified | | | | | |

SECTION E: OFFICERS & SHAREHOLDERS DETAILS

| INDIVIDUAL 1 | Director | Secretary | Public Officer | Shareholder |
|----------------------|-------------|----------------|------------------|-------------|
| Full Legal Name | | | | Title |
| Date of Birth | | Place of Birth | | |
| Residential Address | | | | |
| Suburb | | State | | Postcode |
| Shareholdings | Share class | | Number of Shares | |
| INDIVIDUAL 2 | Director | Secretary | Public Officer | Shareholder |
| Full Legal Name | | | | Title |
| Date of Birth | | Place of Birth | | |
| Residential Address | | | | |
| Suburb | | State | | Postcode |
| Shareholdings | Share class | | Number of Shares | |

Note: if there are more than two officers and shareholders please copy this page

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.

SECTION G: ACKNOWLEDGEMENT

I confirm that the information on this form is correct and I have the authority to request and pay for the services requested on behalf of the superannuation fund.

I acknowledge that this is an "execution only" service and am not asking Heffron to consider if the course of action contemplated by these documents is appropriate for my / our circumstances.

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

NB: PAYMENT DETAILS REQUIRED ON NEXT PAGE

SECTION H: PAYMENT DETAILS REQUIRED

| | | | |
|--|---------------------------------|---------------------------------|--|
| Amount: \$ | | Credit Card | |
| Cardholder's Name: | | Card Number: | |
| Exp Date: | | CCV: | |
| EFT Transfer | BSB: 082 691 Account: 561309446 | Direct Debit Authority in place | |
| <i>Please attach transaction receipt of payment to service form as confirmation of payment</i> | | | |