

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

## 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	
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## SECTION C: TRUSTEE DETAILS

INDIVIDUAL 1	Director	Trustee	Member		
Full Legal Name				Title	
Postal Address					
Suburb		State		Postcode	
Email					
Phone		Mobile			

## SECTION D: COMPANY DETAILS

Company Name		ACN	
Please attach the following:			
A current company extract; or			
A copy of the company's annual review statement; and			
A copy of the company constitution if there are shares other than Ordinary class allotted			

## SECTION E: 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](mailto:privacy.officer@heffron.com.au).

## SECTION F: 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 / company. 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

## SECTION G: 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>			