

ROPS REGISTRATION SERVICE FORM

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):

- ROPS APPLICATION
- TRUST DEED AMENDMENT
- ESTABLISH A NEW SMSF PLEASE COMPLETE OUR SMSF ESTABLISHMENT FORM ALONG WITH SECTIONS A, D & F ON THIS FORM

SECTION A: ACCOUNTANT/ADVISER DETAILS

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		Fund Establishment Date			
Please attach the following:					
The Fund's current Trust Deed (and where applicable, previous Trust Deed(s))					
Any change of trustee documents					
A copy of the latest ASIC company statement (for corporate trustee). A fee may apply if not provided					

SECTION C: TRUSTEE DETAILS

Individual					
Corporate	Name		ACN		
Registered Office Address					
Suburb		State		Postcode	
INDIVIDUAL 1	Director	Trustee	Member		
Full Legal Name	<i>First Given Name</i>	<i>Other/Middle Name</i>	<i>Family Name</i>	Title	
Residential Address					
Suburb		State		Postcode	
Postal Address	As above				
Suburb		State		Postcode	
Email					
Phone		Mobile			
INDIVIDUAL 2	Director	Trustee	Member		
Full Legal Name	<i>First Given Name</i>	<i>Other/Middle Name</i>	<i>Family Name</i>	Title	
Residential Address					
Suburb		State		Postcode	

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

SECTION D: SCHEME MANAGER FOR ROPS REGISTRATION

Full Legal Name	<i>First Given Name</i>	<i>Other/Middle Name</i>	<i>Family Name</i>	Title	
Residential Address					
Suburb		State		Postcode	
Phone		Email			

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

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.

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 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>			