

# CONTRIBUTION SPLIT SERVICE

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

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	
Please attach the following:			
The Fund's current Trust Deed (and where applicable, previous Trust Deed(s))			
Member Statements from most recent 30 June			

## SECTION C: TRUSTEE DETAILS

Individual					
Corporate	Name		ACN		
Registered Office Address					
Suburb		State		Postcode	
<b>INDIVIDUAL 1</b>	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			
<b>INDIVIDUAL 2</b>	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	

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

## SECTION D: SPLITTING MEMBER DETAILS

Full Legal Name	<i>First Given Name</i>	<i>Other/Middle Name</i>	<i>Family Name</i>	Title	
Member Account Number		TFN		Date of Birth	
Residential Address					
Suburb		State		Postcode	
Email			Phone		
I confirm any relevant personal contribution deduction notices have been lodged					
I confirm my superannuation interest is not subject to a Family Law payment order					

## SECTION E: RECEIVING SPOUSE DETAILS (Must be below age 65)

Full Legal Name	<i>First Given Name</i>	<i>Other/Middle Name</i>	<i>Family Name</i>	Title	
Member Account Number		TFN		Date of Birth	
Residential Address					
Suburb		State		Postcode	
Email			Phone		
I confirm that I am not retired					

**NOTE: If you would like to direct the split to a different fund, please contact our office (ph 1300 172 247)**

## SECTION F: CONTRIBUTION SPLITTING DETAILS

Contributions being split were made in which financial year? (Note: Contributions made in the current financial year can only be split where the splitting member is exiting the fund.)	
Date contributions to be split:	
Concessional contributions to be split: (Note 1: Contributions can only be split up to the lesser of 85% of the concessional contributions or the concessional contributions cap. Note 2: Split amount cannot exceed taxable component of splitting member's balance.)	\$

## SECTION G: 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 H: 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 and understand that unless a Statement of Advice from Heffron recommending the course of action contemplated by these documents has been obtained, Heffron has not reviewed my / our circumstances to determine whether or not such action is appropriate and have simply executed and provided the requested services in accordance with my / our instructions or instructions from my / our adviser(s).

\_\_\_\_\_  
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 I: 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>			