

Existing Self Managed Superannuation Fund

Transfer Form

Transfer Form Checklist	Required	Completed
Section A – Accountant / Advisor Transferring the Fund (Contact Person)	All Cases	
Section B – Previous Accountant / Administrator	All Cases	
Section C – Fund Details	All Cases	
Section D – Trustee / Member Details	All Cases	
Section E – Contributing Employer/s	If Applicable	
Section F – Company Details (If Company as Trustee Only)	If Applicable	
Section G – Special Instructions	If Applicable	
Section H – Documents Checklist	All Cases	
Forward the completed form and documents to: MSCJ Superannuation Services PO Box 6339 MITCHELTON QLD 4053 Phone: 07 3354 4020 (1300 766 487) Fax: 07 3354 4021		

Section A: Contact Details

All documents, Invoices and Receipts will be directed C/- this person, unless otherwise stated.

Contact Name: _____

Firm Name (if applicable): _____

Postal Address: _____

_____ State _____ Postcode _____

Phone: _____ Fax: _____

Email: _____

For Advisors		
	Yes	No
Do you intend to use MSCJ Superannuation Services to collect an adviser fee:		
If Yes Please Complete the Method of calculation:	Fee	GST to be Added
Fixed Dollar Amount – Month / Quarter / Annum	\$ _____	\$ _____
Percentage amount – Calculated on monthly value and charged on monthly basis	_____ %p.a.	10 %
Other Method of Calculation (Please provide details)		

Section B: Previous Accountant

An ethical letter will be sent to the previous accountant.

Contact Name: _____

Firm Name: _____

Postal Address: _____

_____ State _____ Postcode _____

Phone: _____ Fax: _____

Email: _____

Section C: Details of the Fund

Name of Fund: _____

Date of Commencement: ___/___/_____

Tax File Number: ___/___/___ ABN: ___/___/___/___

Is the Fund Registered for GST: Yes / No
 Trustee Type (circle one): Individual / Company

Section D: Trustee / Member details

1 - Trustee	/	Director	/	Member	(delete if not applicable)
Title: _____ Surname: _____ First Names: _____					
Date of Birth: ___/___/_____ Place of Birth: _____					
Tax File Number: ___/___/___ Occupation: _____					
Residential Address: _____					

2 - Trustee	/	Director	/	Member	(delete if not applicable)
Title: _____ Surname: _____ First Names: _____					
Date of Birth: ___/___/_____ Place of Birth: _____					
Tax File Number: ___/___/___ Occupation: _____					
Residential Address: _____					

3 - Trustee	/	Director	/	Member	(delete if not applicable)
Title: _____ Surname: _____ First Names: _____					
Date of Birth: ___/___/_____ Place of Birth: _____					
Tax File Number: ___/___/___ Occupation: _____					
Residential Address: _____					

Section D (Cont)

4 - Trustee	/	Director	/	Member	(delete if not applicable)
Title: _____ Surname: _____ First Names: _____					
Date of Birth: ___/___/_____ Place of Birth: _____					
Tax File Number: ___/___/_____ Occupation: _____					
Residential Address: _____					

**Section E: Details of Each Employer that
Contributes to the Fund**

Name of Employer:	
ABN: ___/___/___/___	ACN: ___/___/___
Address: _____	
Is any member of the fund an employee of another? - Yes / No	
If Yes - Are they related? - Yes / No	

Name of Employer:	
ABN: ___/___/___/___	ACN: ___/___/___
Address: _____	
Is any member of the fund an employee of another? - Yes / No	
If Yes - Are they related? - Yes / No	

Section H: Checklist of documents required to commence administration

NAME OF FUND: _____	COPY / ORIGINAL / NA	MSCJ USE
Compliance		
Original Trust Deed and any Subsequent Amendments		
Notification of the fund Tax File Number		
Copy of the ABN notification from the ATO		
All previous minutes for the fund		
Current investment strategy		
Financial Information – 30 June Last Financial Year Completed		
Audited Financial Statements for 30 June last financial year: Including a Statement of Financial Position, Operating Statement, Members Statements (with Member Components), Signed Audit report		
Detailed listing of Investments and purchase dates (Capital Gains Tax History)		
Copy of last income tax return lodged and Income tax notices		
Copy of trial balance and general ledger		
Trustee & Member Information		
Notice to members – Application for membership		
Consent to act as trustee		
All member ETP rollover and payment statements (in and out)		
Copy of any surcharge notices		
Current information (since 30 June Last Financial Year Completed)		
Copy of all bank statements and list of income and expenses		
Holding Statement verifying investment balances (all Buy/Sell Contracts)		
Dividend and distributions statements (including annual tax statements) and/or Wrap account statements		
Invoices for fund expenses		
Contribution documentation		
All correspondence for the fund		