

# The Portfolio Service SMSF

## Application to transfer an existing fund and data collection form

Please use this form to transfer the administration of your existing fund to the The Portfolio Service SMSF administration service.

### Before you start

By completing this form you agree to AET providing administration services to your self-managed superannuation fund as set out in the SMSF administration service agreement.

Before you complete this form you should be aware that AET is not responsible for the provision of any investment recommendations or regulatory advice to your fund. You should consult your financial adviser if you require more detailed information specific to your own circumstances and needs.

If you have any questions about the application process please call client advisory services on 1800 221151.

### Please return your completed application form to:

The Portfolio Service SMSF  
Locked Bag 4004  
Queen Victoria Building NSW 1230

## Section 1 – Application to transfer an existing fund

### Part A: The fund

#### 1. Fund details (please provide details of the primary contact for the fund)

Name of existing fund	
Fund's ABN	
Fund commencement date	
Fund's registered address (must be a street address)	
Postal address (if different to above)	
Trustee's telephone number	
Trustee's email address	

Only statutory documents will be sent directly to the trustee(s). Day-to-day correspondence will be sent to the nominated adviser.

## 2. Fund structure (tick one box only)

Segregated accounts. The fund will consist of separate accounts for each member.

Pooled account. The fund will consist of a single account which collectively holds all assets for all members.

## 3. Insurance (tick the appropriate boxes)

Does the trustee hold any insurance on behalf of the members?

Yes

No

If so, will the fund be claiming a tax deduction for the premiums paid?

Yes

No

## Part B: The trustees

### 4. Trustee structure (tick one box only)

Individual trustees

Corporate trustee (please provide the company's details below)

Company name	
Company ACN	

### 5. Trustee/director details

Please provide the following information for each individual trustee or corporate trustee director of the fund.

	Trustee/director 1	Trustee/director 2
Title (Mr, Mrs, Ms, etc)		
Given name(s)		
Surname		
Date of birth		
Postal address		
TFN		
Is the trustee/director also a member of the fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Trustee/director 3	Trustee/director 4
Title (Mr, Mrs, Ms, etc)		
Given name(s)		
Surname		
Date of birth		
Postal address		
TFN		
Is the trustee/director also a member of the fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Part C: The members

### 6. Member details

Please provide the following information for each member of the fund. If applicable, please also complete section 7 for all existing pensions being paid.

Member 1		Member 2	
Title (Mr, Mrs, Ms, etc)			
Given name(s)			
Surname			
Date of birth			
Address			
Postal address (if different to above)			
TFN			
Please tell us how many accounts the member has in this fund	<input type="text"/> Accumulation	<input type="text"/> Accumulation	
	<input type="text"/> Pension	<input type="text"/> Pension	
Member 3		Member 4	
Title (Mr, Mrs, Ms, etc)			
Given name(s)			
Surname			
Date of birth			
Address			
Postal address (if different to above)			
TFN			
Please tell us how many accounts the member has in this fund	<input type="text"/> Accumulation	<input type="text"/> Accumulation	
	<input type="text"/> Pension	<input type="text"/> Pension	

## 7. Existing pension details

Please complete this section for each pension that is currently being paid by your fund. Please do not use this section if you are currently in the accumulation phase and would like to start a new pension. To start a new pension, please complete the 'Pension application form'.

Type of pension	
Member name	
Please select the type of pension you are receiving and the payment amount	<input type="checkbox"/> Account-based <input type="checkbox"/> Minimum <input type="checkbox"/> Other \$ <input type="text"/> pa
	<input type="checkbox"/> Transition to retirement <input type="checkbox"/> Minimum <input type="checkbox"/> Maximum <input type="checkbox"/> Other \$ <input type="text"/> pa
	<input type="checkbox"/> Term allocated - amount \$ <input type="text"/> pa
	<input type="checkbox"/> Complying (lifetime or life expectancy) - amount \$ <input type="text"/> pa
	If reversionary, please provide: Spouse name: <input type="text"/> DOB: <input type="text"/> / <input type="text"/> / <input type="text"/>
Financial institution	
Account name	BSB
Account number	
Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly

Type of pension	
Member name	
Please select the type of pension you are receiving and the payment amount	<input type="checkbox"/> Account-based <input type="checkbox"/> Minimum <input type="checkbox"/> Other \$ <input type="text"/> pa
	<input type="checkbox"/> Transition to retirement <input type="checkbox"/> Minimum <input type="checkbox"/> Maximum <input type="checkbox"/> Other \$ <input type="text"/> pa
	<input type="checkbox"/> Term allocated - amount \$ <input type="text"/> pa
	<input type="checkbox"/> Complying (lifetime or life expectancy) - amount \$ <input type="text"/> pa
	If reversionary, please provide: Spouse name: <input type="text"/> DOB: <input type="text"/> / <input type="text"/> / <input type="text"/>
Financial institution	
Account name	BSB
Account number	
Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly

Type of pension	
Member name	
Please select the type of pension you are receiving and the payment amount	<input type="checkbox"/> Account-based <input type="checkbox"/> Minimum <input type="checkbox"/> Other \$ <input type="text"/> pa
	<input type="checkbox"/> Transition to retirement <input type="checkbox"/> Minimum <input type="checkbox"/> Maximum <input type="checkbox"/> Other \$ <input type="text"/> pa
	<input type="checkbox"/> Term allocated - amount \$ <input type="text"/> pa
	<input type="checkbox"/> Complying (lifetime or life expectancy) - amount \$ <input type="text"/> pa
	If reversionary, please provide: Spouse name: <input type="text"/> DOB: <input type="text"/> / <input type="text"/> / <input type="text"/>
Financial institution	
Account name	BSB
Account number	
Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly

Type of pension	
Member name	
Please select the type of pension you are receiving and the payment amount	<input type="checkbox"/> Account-based <input type="checkbox"/> Minimum <input type="checkbox"/> Other \$ <input type="text"/> pa
	<input type="checkbox"/> Transition to retirement <input type="checkbox"/> Minimum <input type="checkbox"/> Maximum <input type="checkbox"/> Other \$ <input type="text"/> pa
	<input type="checkbox"/> Term allocated - amount \$ <input type="text"/> pa
	<input type="checkbox"/> Complying (lifetime or life expectancy) - amount \$ <input type="text"/> pa
	If reversionary, please provide: Spouse name: <input type="text"/> DOB: <input type="text"/> / <input type="text"/> / <input type="text"/>
Financial institution	
Account name	BSB
Account number	
Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly

**Important note:**

- AET will use the original pension commencement details that have been provided by the trustee.
- AET will take into account pension payments made during the current financial year by your fund's previous administrator and continue to pay the same amount unless the member notifies us otherwise in writing.
- Payments are made on the 15th of each month.

## Part D: Adviser and trustee declarations

### 8. Financial adviser remuneration

Please advise whether adviser service fees are to be paid.

No

Yes, please pay fees as set out below.

An annual fee of \$  or A percentage based fee  %

Note: Your financial adviser will be paid monthly in arrears. Where a percentage based fee is payable, the amount will be based on the value of the fund on the last day of the month.

### 9. Financial adviser declaration and signature

- I declare I am a licensed financial adviser (or authorised representative of a licensee) and that my license/licensee permits me to provide advice in relation to the fund.
- I agree to receive: transaction confirmation, quarterly and annual statements via the My Portfolio facility.
- I acknowledge that by using facsimile, email or other electronic means, I indemnify AET from any loss or liability that arises from AET not receiving my facsimile or electronic request.
- I acknowledge that there is a risk that facsimile or electronic requests do not arrive at their intended destination from time-to-time and that AET is not responsible for such instances.
- I acknowledge that AET will take action based on any electronic instruction they receive.

Dealer group	
Adviser name	
Adviser address	
Adviser telephone	
Adviser email	
Adviser signature	
Date	

## 10. Applicant declaration and signature

I/we have read and understood The Portfolio Service SMSF administration service agreement to which this application relates. I/we:

- apply for, and consent to, AET providing administration services to the fund
- understand that I/we have outsourced the fund's administration but not my/our trustee responsibilities
- acknowledge that the provision of services by AET should not be taken as a financial product or investment advice
- acknowledge that AET is not aware of my/our investment objectives, financial position and particular needs
- declare that I/we have not been convicted of an offence in respect of dishonest conduct in the Commonwealth, or any State, Territory or foreign country
- declare that a civil penalty order has never been made in relation to me/us
- declare that I am /we are not an undischarged bankrupt(s)
- declare that I/we have not been notified that I am/we are a disqualified person by the Regulator (the Australian Taxation Office or Australian Prudential Regulation Authority)
- nominate the financial adviser listed in part D, section 9 of this application to be authorised to provide investment instructions to, and receive correspondence from, AET on behalf of my/our fund
- authorise AET to pay from the fund the financial adviser remuneration set out in part D, section 8 of this application form
- understand and agree to AET amending the price for their services, for any reason, provided I/we receive 30 days' notice from AET before such change. I/we understand we do not need to consent to the change for it to apply to the fund
- understand that AET may decline to provide services to my/our fund for any reason. I/we understand that I/we do not need to consent to the termination of services for it to apply to the fund.

Trustee/director name	
Trustee/director signature	
Date	

Trustee/director name	
Trustee/director signature	
Date	

Trustee/director name	
Trustee/director signature	
Date	

Trustee/director name	
Trustee/director signature	
Date	

## Section 2 - Data collection form

### Documents required for transfer

Before we can commence the administration of your fund, it is a mandatory requirement that the following documentation is provided.

### Compliance and audit requirements

- Completed 'Application to transfer an existing fund and data collection form'.
- Completed 'SMSF administration service agreement' (pre-populated template provided).
- Relevant identification document depending on your circumstances, either:
  - Identification form - individuals and sole traders, or
  - Australian and foreign companies form, or
  - Original certified copy of ID.
- Completed AET Cash Deposit Fund application form.
- Copy of the trustee consents.
- Copies of trustee minutes for current financial year.
- If the fund holds insurance policy(ies), copy of the policy certificate (showing the trustee(s) as policy owner) and last certificate of currency (showing premiums and the sum insured).
- If the fund holds insurance policy(ies), change of address letter and change of payment method (if applicable) signed by trustee(s). (Templates available from client advisory services).
- Investment strategy (template available from client advisory services).
- 'Beneficiary nomination' for each member of the fund (if applicable). (Template available from client advisory services.)
- Declarations of trust for each investment not documented as being held in the name of the fund.
- For each trustee/director appointed on or after 1 July 2007, a copy of the ATO trustee declaration (for each trustee/director).

### Fund and member information

- Previous year's signed financial statements and annual return.
- For each member, previous year's member benefit statement which includes preservation details, tax-free/taxable components and eligible service date.
- Previous year's signed audit opinion.
- Copy of the management letter issued by the auditors from last audited financial year (if applicable).
- Record for all assets held at 30 June (last audited financial year) which includes acquisition details, the number of units held and confirmation if cost has been adjusted for any corporate actions, tax deferred distributions etc (this can be recorded in the asset table on page 9).
- Breakdown of receivables/creditors from last audited financial statements (if applicable) and a full general ledger from the last audited financial statements where available.
- A cash account statement showing cash movements from last available financial accounts to 'current' date. Note: While AET will accept a transaction listing, for audit purposes we will also require copies of bank statements. Please provide supporting documentation for the fund's transactions (ie dividend statements, contract notes, copies of invoices) and additional details for transactions with inadequate descriptions. Wherever possible please also provide this data in an excel format.
- Summary of assets purchased and sold since 30 June (last audited financial year), including redemption dates and tax parcel history. Unless otherwise confirmed, these sales will be treated as having occurred on a first-in-first-out (FIFO) basis.

### Pension details

- For existing pension member(s):
  - Original pension commencement calculation.
  - Last commutation details (if applicable).
  - Record of pension payments from last audited financial year.
  - Previous financial year's actuarial certificate(s) (if applicable).
  - TFN declaration form (for any member under age 60 or who has reached age 60 in the current financial year).



## Additional information about investments

If the fund holds direct property:

- Settlement statement/purchase agreement
- Independent valuation of the property (within the last 3 years)
- the rental/tenancy agreement
- copy of insurance documentation
- the current property manager's details
- the depreciation schedule on capital items
- evidence of expenses in the current year (council rates, utilities)
- Land Titles Office search (within the last 3 years)

If the fund holds unlisted companies/trusts:

- a copy of the last audited and signed financial statements
- original or certified copy of the share certificate (if applicable)
- holding statements confirming the registered address and name

Other assets:

- artwork, jewellery, wine, loans - supporting documentation on ownership, valuation, income earned, place of storage, etc
- derivatives/instalment warrants - year-end statements
- wrap accounts - last year's tax statement and, if available, last quarter's statement