



APPLICATION TO TRANSFER EXISTING ADMINISTRATION SERVICES

Fund establishment date:

Name of SMSF:

Fund ABN:

Fund TFN:

CONTACT DETAILS

Adviser's Name & Firm:

Adviser's Ph#:

Email:

SMSF Physical Address (not a PO Box):

Street Address:

Suburb/City:

State:

P/Code:

SMSF Postal Address:

(If the same as Physical address; write "as above")

Postal Address:

Suburb/City:

State:

P/Code:

TRUSTEE DETAILS

CORPORATE (Complete Sections A & B)

INDIVIDUALS (Complete Section B only)

A. CORPORATE

Company name:

A.C.N:

Registered Office Address (ASIC purposes):

(if Optima Super is to act as the registered office just state 'Administrator')

Does the Company occupy the premises?

Yes No

If not, who occupies the premises?

Does the Company have the occupier's consent for the premises?

Yes No

B. TTEE's/DIRECTORS

N.b. Full legal names. We require a separate Email and mobile per person for Online Portal access.

TRUSTEE / DIRECTOR 1

Title ie. Mr/Ms D.O.B
First Name
Middle Name
Surname
TFN
Email
Mobile

Residential address: if different to first page

Director / Secretary:

Fund Member:



TRUSTEE / DIRECTOR 2

Title ie. Mr/Ms D.O.B
First Name
Middle Name
Surname
TFN
Email
Mobile

Residential address: if different to first page

Director / Secretary:

Fund Member:

TRUSTEE / DIRECTOR 3

Title ie. Mr/Ms D.O.B
First Name
Middle Name
Surname
TFN
Email
Mobile

Residential address: if different to first page

Director / Secretary:

Fund Member:

TRUSTEE / DIRECTOR 4

Title ie. Mr/Ms D.O.B
First Name
Middle Name
Surname
TFN
Email
Mobile

Residential address: if different to first page

Director / Secretary:

Fund Member:

PRIOR ADMINISTRATOR / ACCOUNTANT

Company: Phone:
Contact Name: Email:
Address:

We will forward the Authority to Release Information on the last page of this Application to the previous administrator along with our ethical clearance letter

TERMS OF TRANSFER AND AUTHORISATION

By signing this form:

I declare that the information in this Application is true and correct at the time of completion;

I agree that Optima Super may collect, use and store my personal information for the purposes of processing this application and to provide ongoing services;

For Corporate Trustees I authorise Optima Super to lodge ASIC Form 362 to be appointed as the registered Agent for ASIC purposes;

I agree that Optima Super will be appointed as the Registered Tax Agent for the Fund and will be the address for all ATO correspondence (unless advised otherwise);

I agree to the release of information between Optima Super and my adviser or their firm, if details of an adviser have been provided or if the application was submitted by the adviser;

I acknowledge that the service provided by Optima Super does not constitute investment advice.

APPLICANT'S SIGNATURE

Please digitally sign below

Member 1

.....
Name:

Member 2 – if applicable

.....
Name:

Member 3 – if applicable

.....
Name:

Member 4 – if applicable

.....
Name:

CHECKLIST

- All member/director details completed
- All authorisations above signed and dated

IMPORTANT DOCUMENTS

These are the documents we will likely need. They do not have to be supplied at the same time as this application form & some may be held by your current Administrator. We will send them a letter to ask for any documents held by them.

- Trust Deed (plus any amendments)
- Establishment Documentation - Consents, Applications for Membership, etc
- Company Constitution - if Corporate Trustee
- Pension Documentation - if relevant
- Current Investment Strategy
- Beneficiary Nomination/s - if relevant
- Prior Year Financials, Member Statements, Tax Return, Audit Report
- Breakdown of original purchase dates, prices & units in relation to the assets held by this Fund (this is generally provided by the previous Administrator)
- Copies of bank statements & investment details including the HIN (if relevant) for the current financial year.

Please send this completed form to:

support@optimasuper.com.au -or- PO BOX 7743, EAST BRISBANE QLD 4169

Dear Sir/Madam

Re:

As trustee or director of the corporate trustee for the above-named Fund, I hereby confirm that Optima Super has been appointed to act as Administrators of the Fund. This letter authorises you to release all relevant information that you may be holding that pertains to the Fund or its corporate trustee (if applicable) to Optima Super and its representatives.

This information includes the Trust Deed, minutes and pension documentation, corporate register, investment transaction reports and CGT register, trial balance and general ledger, financial and member statements, tax returns and bank statements.

It would also be greatly appreciated if you could please email an exported data file to support@optimasuper.com.au

A PDF, photocopy or digitally signed version of this authorisation shall be considered as valid as the original, signed copy.

The contact details for the new administrators are below.

Thank you for your past assistance.

Karen Barnes, MBA
Chartered Accountant
SMSF Specialist Advisor

PO Box 7743, East Brisbane QLD 4169
07 3399 8798
support@optimasuper.com.au
www.optimasuper.com.au



Yours faithfully



Signed by: