

Existing SMSF Application Form

1. PART A – CHOOSE YOUR PACKAGE (SEE PACKAGE LIST)

2. Select Ongoing Service

 Mini Classic

PART B – EXISTING FUND DETAILS

3. Name of Self-Managed Superannuation Fund (SMSF)

ABN

TFN

4. SMSF Primary Contact Person

Family Name

Given Names

SMSF Primary Postal Address

No/Street

Suburb

State/Territory

Postcode

SMSF Primary Contact Details

Work ()

Home ()

Fax ()

Mobile

Email

5. Transferring Administration Details/Accountant

Contact Person

Firm Name

Address – Transferring Administration Details/Accountant

No/Street

Suburb

State/Territory

Postcode

Email

Mobile

6. Current Financial Year Tax Return to be completed?

 No Yes

7. Prior Year Tax Returns to be completed?

 No Go to PART C Question 8 Yes Please insert tax years

Tax years:

PART C – EXISTING TRUSTEE DETAILS

8. Individual trustee or corporate trustee? (Please Tick)

 Individual Go to PART D Question 10 Corporate Go to Question 9

9. SMSF Corporate Trustee – Existing Company

Company Name

ACN

ABN

TFN

Registered Address – Existing Company

No/Street

Suburb

State/Territory

Postcode

When you complete this form, please:

- Use a black pen;
- Write clearly in block letters;
- Answer all applicable questions;
- Ensure it is signed.

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PART D – SMSF INDIVIDUAL TRUSTEES/ DIRECTORS/MEMBER DETAILS

10A. Member/Trustee/Director 1

Mr
 Mrs
 Miss
 Ms
 Other

Family Name

Given Names

DOB DAY MONTH YEAR

Place of Birth CITY COUNTRY

Gender Male Female

Occupation

TFN

Email

Mobile

Residential Address – Member/Trustee/Director 1

No/Street

Suburb

State/Territory Postcode

Trustee/Director
 Member
 Both

B. Member/Trustee/Director 2 (if applicable)

Mr
 Mrs
 Miss
 Ms
 Other

Family Name

Given Names

DOB DAY MONTH YEAR

Place of Birth CITY COUNTRY

Gender Male Female

Occupation

TFN

Email

Mobile

Residential Address – Member/Trustee/Director 2

No/Street

Suburb

State/Territory Postcode

Trustee/Director
 Member
 Both

C. Member/Trustee/Director 3 (if applicable)

Mr
 Mrs
 Miss
 Ms
 Other

Family Name

Given Names

DOB DAY MONTH YEAR

Place of Birth CITY COUNTRY

Gender Male Female

Occupation

TFN

Email

Mobile

Residential Address – Member/Trustee/Director 3

No/Street

Suburb

State/Territory Postcode

Trustee/Director
 Member
 Both

D. Member/Trustee/Director 4 (if applicable)

Mr
 Mrs
 Miss
 Ms
 Other

Family Name

Given Names

DOB DAY MONTH YEAR

Place of Birth CITY COUNTRY

Gender Male Female

Occupation

TFN

Email

Mobile

Residential Address – Member/Trustee/Director 4

No/Street

Suburb

State/Territory Postcode

Trustee/Director
 Member
 Both



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PART E – SIGNATURES & CLIENT AGREEMENT

11. Agreement

By signing this form:

- I/We agree that Sequoia Superannuation Pty Ltd may collect, use and store my/our personal information for the purpose of processing my/our Application and to provide ongoing services. This complies with the relevant laws as well as in accordance with Sequoia Superannuation Privacy Policy, a copy of which can be provided on my/our request. Such information may include but is not limited to: Tax File Numbers (TFNs), Bank Account details, Drivers' Licence and Passport information. I/We also understand that I/we can request in writing this personal information that Sequoia Superannuation Pty Ltd holds on me/us.
- I/We hereby declare that the above information is true and correct at the time of completing this application form.
- I/We acknowledge and agree that Sequoia Superannuation Pty Ltd is appointed as the administration of my/our SMSF as at the date of this signed application form.
- I/We agree to the release of information between Sequoia Superannuation Pty Ltd and my/our listed adviser as set out in section F of this application form.
- In the case of an existing SMSF, I/we authorise Sequoia Superannuation Pty Ltd to contact the previous administrator of the fund or accountant in order to obtain the necessary records and information to enable Sequoia Superannuation Pty Ltd to undertake the administration of the fund.
- I/We agree for Sequoia Superannuation Pty Ltd to undertake the ongoing Administration and Taxation Service of my SMSF for a minimum of 2 years from the date of this application form.
- I/We agree if I/we choose to cease Sequoia Superannuation SMSF Administration and Taxation Service with Sequoia Superannuation Pty Ltd before a period of no less than 2 years from Sequoia's first billing cycle, at that time, a fee of \$950 will be charged in addition to a minimum 2 years of administration fees.
- I/We choose Sequoia Superannuation Pty Ltd to look after the company secretarial matters (if applicable).
- I/We acknowledge that Sequoia Superannuation Pty Ltd does not provide financial advice and that I/we should seek personal financial planning advice before opening a SMSF, transferring any funds into my/our SMSF and before making any investments.
- I/we understand and accept that Sequoia Superannuation Pty Ltd accepts no responsibility for the quality and/or likely future performance of my/our Superannuation investments, and that past performance does not indicate future performance.
- I/We agree I have received, read and understood the schedule of Sequoia Superannuation SMSF fees (attached), agree to the pricing schedule provided and consent to the payment terms and conditions.
- I/We authorise Sequoia Superannuation Pty Ltd to deduct its fees from the SMSF linked cash account as agreed monthly.
- I/We acknowledge that Sequoia Superannuation Pty Ltd is entitled either to cancel or change the terms and conditions of the facilities, including the replacement of the administrator but may not do so without written notice.
- I/We authorise Sequoia Superannuation Pty Ltd to act as an ASIC agent in respect to the SMSF company trustee (if applicable).

Member/Director/Trustee 1

Name

Signature

Date

Member/Director/Trustee 2 (if applicable)

Name

Signature

Date

Member/Director/Trustee 3 (if applicable)

Name

Signature

Date

Member/Director/Trustee 4 (if applicable)

Name

Signature

Date



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PART F – ADVISER USER ONLY

12. ADVISER

Adviser Name

AFSL Number

License Name

Company Name

ABN

Postal Address

No/Street

Suburb

State/Territory

Postcode

Please return your completed form:

By post to: Sequoia Superannuation Pty Ltd
GPO Box 4350
SYDNEY NSW 2001

OR

Scan and email to: admin@sequoia.com.au

Please provide us with the following ID requirements to ensure that we have all the required information to process your rollover request:

Certified copy of your driver's license or passport

OR

Certified copy of birth/citizenship certificate

OR

You have previously provided copies of your ID to Sequoia Superannuation.