

# Contribution splitting



Complete this form and return to [documentservices@heffron.com.au](mailto:documentservices@heffron.com.au) or mail to PO Box 200 Maitland NSW 2320.

Our documentation service includes the review of the relevant parts of the SMSF's current deed/rules to ensure the request can be complied with and to identify the appropriate documents required, and the preparation of the required documents.

## SECTION A: ACCOUNTANT/ADVISER DETAILS

Contact person		Firm name	
Postal address			
Suburb		State	Postcode
Phone		Email	
Mobile		CC email	
Please select how the documents should be delivered:		Email	<u>OR</u> Post
Please select who the documents should be delivered to:		Accountant/Adviser	<u>OR</u> Individual 1

## SECTION B: FUND DETAILS (Tick whichever is applicable)

SMSF name			
ABN			
Trustee structure	Individual trustees	Corporate trustee (Complete company name and ACN below)	
Company name		ACN	

## SECTION C: DETAILS OF MEMBER(S), TRUSTEES/DIRECTOR(S) ETC (Tick whichever is applicable)

INDIVIDUAL 1	Member	Individual Trustee	Director (Corporate trustee)
Full <b>legal</b> name (First/Middle/Last)			Title
INDIVIDUAL 2	Member	Individual Trustee	Director (Corporate trustee)
Full <b>legal</b> name (First/Middle/Last)			Title
INDIVIDUAL 3	Member	Individual Trustee	Director (Corporate trustee)
Full <b>legal</b> name (First/Middle/Last)			Title
INDIVIDUAL 4	Member	Individual Trustee	Director (Corporate trustee)
Full <b>legal</b> name (First/Middle/Last)			Title
INDIVIDUAL 5	Member	Individual Trustee	Director (Corporate trustee)
Full <b>legal</b> name (First/Middle/Last)			Title
INDIVIDUAL 6	Member	Individual Trustee	Director (Corporate trustee)
Full <b>legal</b> name (First/Middle/Last)			Title

## SECTION D: DETAILS OF THE MEMBER WHOSE CONTRIBUTIONS WILL BE SPLIT (SPLITTING MEMBER)

Full <b>legal</b> name (First/Middle/Last)					
Date of birth		Member account number			
Residential address					
Suburb		State		Postcode	
Phone		Email			
I confirm my superannuation interest is not subject to a Family Law payment order					

## SECTION E: DETAILS OF THE MEMBER RECEIVING THE CONTRIBUTION SPLIT (RECEIVING MEMBER)

Full <b>legal</b> name (First/Middle/Last)					
Date of birth		Member account number			
Residential address					
Suburb		State		Postcode	
Phone		Email			
I confirm I am the spouse of the member in section D above					
I confirm I am below the age of 65 and am not retired					
<b>Receiving superannuation fund details</b>					
Fund detailed in section B					
Different fund (please complete details below)					
Super fund name					
ABN		USI (if applicable)			
Super fund address					
Suburb		State		Postcode	
Phone		Email			

## SECTION F: CONTRIBUTION SPLITTING DETAILS

Contributions to be split were made in which financial year? (Contributions made in the current FY can only be split in that year if the splitting member's entire benefit is to be rolled over or cashed in that year)	
Total concessional contributions made for splitting member in that year	\$
Amount to be split with spouse? (Contributions can only be split up to the lesser of 85% of the concessional contributions made by the splitting member or the concessional contributions cap – Split amount cannot exceed taxable component of the splitting member's balance.)	\$
Date at which the contributions are to be split? (unless splitting member's entire benefit is to be rolled over or cashed, earliest possible date is the 1st of July of the year after the contributions were made)	

**SECTION G: PLEASE ATTACH THE FOLLOWING** (Tick  whichever is applicable, and attach)

The SMSF's current trust deed/rules
Change of trustee documents (if the trustee has changed since the execution of the current deed/rules)
Enduring power of attorney documents (if a member's attorney will be signing the documentation on behalf of the member)
If the contributions to be split are personal contributions, a copy of the signed and dated notice of intent and acknowledgement (s.290-170) (personal contributions can only be split once these notices are exchanged)

**ACKNOWLEDGEMENT & AUTHORITY**

The members and trustee(s) or director(s) of the corporate trustee hereby:

- acknowledge they have read, understood, and agreed to the terms detailed in Heffron's [Privacy Policy](#),
- declare the information provided on this form is true and correct and agree to pay for the services requested on this form and, in the event that any information on this form is incorrect and Heffron are requested to amend the documentation, agree to pay any amendment fees charged,
- acknowledge and understand to complete the documentation Heffron will prepare on the basis that all individuals are 18 or older and they have their capacity to sign, unless told otherwise,
- instruct Heffron to provide the services requested on this form to the trustee(s) or director(s) of the corporate trustee using the information provided on this form, and acknowledge and understand that neither the contents of this form, nor the documentation prepared or other services provided constitute 'Financial Product Advice' as defined in the Corporations Act 2001 and should not be regarded as such, and
- acknowledge and understand unless a Statement of Advice from Heffron recommending the course of action contemplated by these documents has been obtained, Heffron has not reviewed the personal circumstances of any individual to determine whether or not the requested services are appropriate.

Signature of person authorised to make the above statements on behalf of the members and trustee(s) or director(s) of the corporate trustee	Print name	Date
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**PAYMENT INFORMATION**

Amount:	\$	
EFT transfer	BSB: 082 691 Account: 561309446	<i>Please attach transaction receipt of payment to service form as confirmation of payment</i>
Credit card	<a href="#">Document services payments</a>	<i>Please attach transaction receipt of payment to service form as confirmation of payment</i>
Direct debit authority in place		