

Complete and return this form to Heffron at: documentservices@heffron.com.au OR PO Box 200 Maitland NSW 2320

PLEASE COMPLETE THE FOLLOWING SECTIONS FOR ALL SERVICES: A, B, C, D, E, H, I, J

ADDITIONALLY, COMPLETE THE RELEVANT SECTIONS FOR THE SPECIFIC SERVICE YOU REQUIRE:

- **DEATH BENEFIT ACCOUNT-BASED PENSION ESTABLISHMENT: F**
- **DEATH BENEFIT LUMP SUM FROM ACCUMULATION: G**

SECTION A: ACCOUNTANT/ADVISER DETAILS

Contact Person		Company			
Postal Address					
Suburb		State		Postcode	
Phone		Email			
Mobile Phone		Cc Email			
Please select how you would like to receive the documents			Email	OR	Post
Please select who should receive the documents			Accountant/Adviser	OR	Trustee 1

SECTION B: FUND DETAILS

Fund Name		ABN	
Please attach the following:			
The Fund's current Trust Deed (and where applicable, previous Trust Deed(s))			
Any change of trustee documents			
Full copy of the deceased member's pension commencement documents (if applicable) and documents for any previous commutations from the pension			
Member statements on which the breakdown in Section F and/or G is based Please note that pension account balances must be reported at market value			

SECTION C: TRUSTEE DETAILS

Individual					
Corporate	Name		ACN		
Registered Office Address					
Suburb		State		Postcode	
INDIVIDUAL 1	Director	Trustee	Member		
Full Legal Name	<i>First Given Name</i>	<i>Other/Middle Name</i>	<i>Family Name</i>	Title	
Residential Address					
Suburb		State		Postcode	
Postal Address	As above				
Suburb		State		Postcode	
Email					
Phone		Mobile			

INDIVIDUAL 2	Director		Trustee		Member	
Full Legal Name	<i>First Given Name</i>	<i>Other/Middle Name</i>	<i>Family Name</i>	Title		
Residential Address						
Suburb		State		Postcode		

NOTE: If there are more than two individuals, please copy this page

SECTION D: DECEASED MEMBER'S DETAILS

Full Legal Name	<i>First Given Name</i>	<i>Other/Middle Name</i>	<i>Family Name</i>	Title	
Date of Birth (dd/mm/yyyy)		Date of Death (dd/mm/yyyy)		TFN	
Who is the deceased member's legal personal representative? (i.e. Executor)					
PAYG Withholding form					
Is the Fund already registered for PAYG Withholding?			Yes	No	
Heffron to complete paper PAYG Withholding form?			Yes	No	
TFN Declaration form					
Heffron to complete paper TFN Declaration form?			Yes	No	
Super Transfer Balance Account Report					
Heffron to complete paper ATO TBAR report?			Yes	No	
Member account number					

SECTION E: BENEFICIARY'S DETAILS

Is the benefit being paid to the deceased's Estate			Yes	No	
Full Legal Name	<i>First Given Name</i>	<i>Other/Middle Name</i>	<i>Family Name</i>	Title	
Date of birth (dd/mm/yyyy)			TFN		
Residential Address					
Suburb		State		Postcode	
Relationship to deceased					

SECTION F: PENSION DETAILS

Pension Commencement date					
If the member is aged 59, will a pension payment be taken before their 60th birthday?				Yes	
Initial balances of this pension					
Tax Free Component		\$			
TOTAL		\$			
Have any assets been specifically segregated to provide the pension?			Yes (attach full details)		No
Preservation components for this pension:					
Preserved	\$	Restricted non-	\$	Unrestricted non-preserved	\$
Reversionary beneficiary details (if any):					
Is the pension reversionary?	Yes	No	Relationship to pensioner (eg. Spouse)		
Full Legal Name	<i>First Given Name</i>	<i>Other/Middle Name</i>	<i>Family Name</i>	Title	

SECTION G: LUMP SUM PAYMENT FROM ACCUMULATION ACCOUNT

Lump Sum Payment Date (dd/mm/yyyy)	
Lump Sum Components	
Tax Free Component	\$
Taxable Component	\$
TOTAL	\$

SECTION H: PRIVACY STATEMENT

Heffron SMSF Solutions is committed to protecting the privacy and rights of its customers. Our [Privacy Policy](#) contains important information about how we collect, hold, use and disclose personal information. If you have questions or wish to make a complaint, please contact our Privacy Officer at Heffron SMSF Solutions, PO Box 200, MAITLAND NSW 2320, or via email at privacy.officer@heffron.com.au.

SECTION I: ACKNOWLEDGEMENT

I confirm that the information on this form is correct and I have the authority to request and pay for the services requested on behalf of the superannuation fund.

I acknowledge and understand that unless a Statement of Advice from Heffron recommending the course of action contemplated by these documents has been obtained, Heffron has not reviewed my / our circumstances to determine whether or not such action is appropriate and have simply executed and provided the requested services in accordance with my / our instructions or instructions from my / our adviser(s).

Signature of person authorised to make the above statements on behalf of the member(s) and trustee(s) or director(s) of the corporate trustee

Print name

Date

NB: PAYMENT DETAILS REQUIRED ON NEXT PAGE

SECTION J: PAYMENT DETAILS REQUIRED

Amount: \$		Credit Card	
Cardholder's Name:		Card Number:	
Exp Date:		CCV:	
EFT Transfer	BSB: 082 691 Account: 561309446	Direct Debit Authority in place	
<i>Please attach transaction receipt of payment to service form as confirmation of payment</i>			