



EXISTING SUPER FUND

Existing Super Fund Transfer Form

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ACTIONS REQUIRED

Existing Super Fund Transfer Form

- Complete pages 1 – 8 including document checklist and post to New Super all super fund records available. If you are unsure as to whether we require a copy of any documentation in your possession, as a general rule, send in everything you have then we can determine whether the document is necessary at the time of processing.
- Post the completed form and checklist with your super fund records to:

New Super
PO Box 714
ORMEAU QLD 4208

Subsequent Process

Once the initial information for the superannuation fund has been processed by our office, the Trustees will receive a letter detailing any outstanding information required. In addition, the following documents will also be enclosed for signing:

- Administration Agreement
- Macquarie Cash Management Trust Application
- Macquarie Cash Management Trust Duplicate Statement Instruction Form
- Macquarie Bank Third Party Authority Form
- Tax Agent update forms

NB: An ethical letter will be forwarded to your previous accountant where applicable.



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SECTION A: ACCOUNTANT/ADVISOR TRANSFERRING THE FUND

(Documents & correspondence will be directed to this person, unless otherwise stated)

Contact Person: _____

Firm Name: _____

Postal Address: _____

Phone: _____ Fax: _____

Email: _____

ADVISER FEE

Do you intend to use New Super to collect an Adviser Fee? Yes No

Fixed Amount \$_____ per month

Percentage amount _____ % per annum (excluding GST), calculated and paid on a monthly basis.

SECTION B: PREVIOUS ACCOUNTANT

(An ethical letter will be forwarded to the previous accountant)

Contact Person: _____

Firm Name: _____

Postal Address: _____

Phone: _____ Fax: _____

Email: _____



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SECTION C: FUND DETAILS

Name of Fund: _____

Fund Establishment Date: _____

TFN: _____ ABN: _____

GST Registered: Yes No

SECTION D: TRUSTEE DETAILS

Only complete either Section D(i) for a trustee company OR Section D(ii) for Individual Trustees.

SECTION D(i): INFORMATION FOR TRUSTEE COMPANY

Company Name: _____

ACN: _____ ABN: _____

Date of Incorporation: ____/____/____

Address of Registered Office: _____

Phone: _____ Fax: _____

Email: _____

Full Names of all Directors of Trustee Company:

Director 1: _____

Director 2: _____

Director 3: _____

Director 4: _____



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SECTION D(ii): TRUSTEES INFORMATION WHERE TRUSTEES ARE INDIVIDUALS

Trustee 1:

Name: _____ Date of Birth: ____/____/____

Residential Address: _____

TFN: ____/____/____ Occupation: _____

Eligible Service Period Date: _____

Is this trustee also a member? Yes No

Member 2:

Name: _____ Date of Birth: ____/____/____

Residential Address: _____

TFN: ____/____/____ Occupation: _____

Eligible Service Period Date: _____

Is this trustee also a member? Yes No

Member 3:

Name: _____ Date of Birth: ____/____/____

Residential Address: _____

TFN: ____/____/____ Occupation: _____

Eligible Service Period Date: _____

Is this trustee also a member? Yes No

Member 4:

Name: _____ Date of Birth: ____/____/____

Residential Address: _____

TFN: ____/____/____ Occupation: _____

Eligible Service Period Date: _____

Is this trustee also a member? Yes No



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SECTION E: DETAILS OF EACH EMPLOYER THAT CONTRIBUTES TO THE FUND

Name of Employer: _____

ACN: _____ ABN: _____

Address of Registered Office: _____

If there is more than one employer include all details in the Special Instructions below.

SPECIAL INSTRUCTIONS:

MAILING DETAILS

Please mail the completed form with all fund documents to:

**New Super
PO Box 714
ORMEAU QLD 4208**

**Phone: 1300 769 114
Fax: 1300 737 930
Email: admin@newsuper.com.au**

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CHECKLIST OF DOCUMENTS INCLUDED FOR ADMINISTRATION OF THE FUND:

Fund Name: _____	Not Applicable	Yes
Compliance		
Original trust deed and any subsequent amendments		
Notification of the fund Tax File Number		
Copy of the notification of fund ABN from ATO		
All previous minutes for the fund		
Current investment strategy		
Acknowledgement letter from ATO regarding fund regulation		
Financial Information – 30 JUNE LAST FINANCIAL YEAR		
Audited Financial statements for 30 June Last Financial Year: Including a Statement of Financial Position, Operating Statement, Investment Summary Report, Detailed Members Statements including member components		
Copy of tax return for last financial year		
Signed audit report for last financial year		
Copy of trial balance for last financial year		
Copy of general ledger for last financial year		
Full asset listing including the capital gains tax history (this must detail for each parcel purchased, the date, cost and units purchased for all investments)		
Trustee & Member Information		
Notice to members – Product Disclosure Statement		
Applications for membership		
Consent to act as trustees		
Nominated beneficiaries Forms for each member		
Acknowledgement of whether the trustees have become disqualified persons since establishment of the fund		
Member details including names, addresses and TFN		
Member's eligible service period		
Tax		
Income Tax assessment notices		
Copies of all quarterly BAS or IAS statements lodged		
Current year substantiation documentation		
Holding Statements verifying investment balances		
Dividend and Distribution advices including annual tax statements		
Invoices for fund expenses		
Contribution documentation and minutes		
Fund bank statements		
Wrap account statements/reports		
ETP rollover and drawdown documentation		
Buy/Sell contracts		
Correspondence for the fund		