



- Use this form for transferring existing funds only. If you wish to establish a new fund with Novo Super, please complete the Fund Establishment Request Form.
- Please write clearly in CAPITAL LETTERS and use black pen to complete this form.
- Your completed form should be sent to Novo Super:

By mail: **Novo Super
PO Box 115
Collins Street West
MELBOURNE VIC 8007**

By email: **forms@novosuper.com.au**

Section 1 – Fund Details

Fund Name: Fund ID: (Office use only)

Establishment date: ABN: Tax File Number:

Trustee Type: Individual Trustee: Corporate Trustee: GST Registered: Yes No

Transfer Date: Last Financial Year Lodged:

Section 2 – Transfer Contact Person

A person or company must be nominated to deal with documents and correspondence.

Name:

Relationship: Accountant: Adviser: Other Please Specify:

Company Name:

Address: Suburb: State: Postcode:

Postal Address: Suburb: State: Postcode:

Phone Number: () Mobile Number:

Email:

Section 3 – Previous Administrator/Accountant Details

Contact Name:

Company Name:

Address: Suburb: State: Postcode:

Postal: Suburb: State: Postcode:

Phone Number: () Mobile Number:

Email:

Section 4 – Member/Trustee Details

Member/Trustee 1

Individual Director of Corporate Trustee Member: Yes No
Title: Mr Mrs Miss Other Director ID (if corporate)
First Name: Surname:
Address: Suburb: State: Postcode:
Postal: Suburb: State: Postcode:
Date of Birth: TFN: Gender: Male Female
Email: Phone: () Mobile:

Member/Trustee 2

Individual Director of Corporate Trustee Member: Yes No
Title: Mr Mrs Miss Other Director ID (if corporate)
First Name: Surname:
Address: Suburb: State: Postcode:
Postal: Suburb: State: Postcode:
Date of Birth: TFN: Gender: Male Female
Email: Phone: () Mobile:

Member/Trustee 3

Individual Director of Corporate Trustee Member: Yes No
Title: Mr Mrs Miss Other Director ID (if corporate)
First Name: Surname:
Address: Suburb: State: Postcode:
Postal: Suburb: State: Postcode:
Date of Birth: TFN: Gender: Male Female
Email: Phone: () Mobile:

Member/Trustee 4

Individual Director of Corporate Trustee Member: Yes No
Title: Mr Mrs Miss Other Director ID (if corporate)
First Name: Surname:
Address: Suburb: State: Postcode:
Postal: Suburb: State: Postcode:
Date of Birth: TFN: Gender: Male Female
Email: Phone: () Mobile:

Section 5 – Corporate Trustee Details (if applicable)

Company Name:

Company ACN:

Do you wish to subscribe to Novo Super's Corporate Affairs Service?

Yes - Act as the registered address, Process and lodge the ASIC annual review, process and change of details and other regulatory requirement associated with a company acting as Trustee of a SMSF.

No - Please provide a copy of the most recent ASIC annual review statement.

Section 6 – Electronic Service Address (ESA)

An Electronic Service Address (ESA) is the name of a service that acts as a 'digital post office' to receive contribution messages sent by employers via SuperStream.

Novo Super will register your fund with the ESA (superMate).

Section 7 – Trust Deed Update

Do you wish to update your trust deed to the latest Novo Super Trust Deed? Yes No
(preferential pricing provided if the trust deed is updated as part of the takeover. See fees below.)

Section 8 – Fees and Payment Details (GST Inclusive)

SMSF Takeover Admin Fee	\$220.00
Trust Deed Update (if updated during takeover, normally \$275)	\$220.00
Corporate Affairs Service (per annum)	\$165.00

Payment Details:

Electronic Funds Transfer (EFT):	Account Name:	Novo Super Pty Ltd
	BSB:	063-237
	Account Number:	1046 5132

Section 9 – Contact details (used for delivery and invoicing unless otherwise advised)

Trustee Nominated Representative: Adviser Accountant Other:
Name:
Company:
Address: Suburb: State: Postcode:
Phone: () Mobile: Email:

Section 10 - Declaration

By signing below I, on behalf of the trustees of the Fund:

- Declare that the information provided in the form above is complete and accurate.
- Declare I am authorised to make declarations on behalf of the persons named in this form.
- Authorise the collection, use and disclosure of my personal information for the purpose of the assessment of the application and the management and administration of the services of which I have applied.
- Understand that Novo Super may disclose my personal information to third parties such as: organisations undertaking the compliance functions of Novo Super's information; organisations maintaining Novo Super's information technology system; authorised financial institutions; and any authorised party.
- Understand this service is simply to facilitate the collection of fund data and the setup of that data on the accounting and other systems as required. This service and fee does not incorporate the preparation, audit and lodgment of the fund's annual compliance requirements.
- Appoint Novo Super to undertake the Tax Agent function.
- Agree that Novo Super has not provided me with financial advice and that Novo Super is not responsible for the investment decisions I/we make and the investment products I/we select to invest in.

Signed:

Print Name:

Date: / /

Section 11 – Submitting the Request

You can submit your form via email or post:

A printed and signed copy can be posted to:

**Novo Super
PO Box 115
Collins Street West
MELBOURNE VIC 8007**

A signed and scanned copy can be emailed to:

forms@novosuper.com.au

Contact Us

Postal Address: PO Box 115
Collins Street West
MELBOURNE VIC 8007

Telephone: 1300 668 678
Email: forms@novosuper.com.au
Website: www.novosuper.com.au



ABN: 14 607 604 777