



- 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

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

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

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

First Name: Surname:

Address: Suburb: State: Postcode:

Postal: Suburb: State: Postcode:

Date of Birth: TFN: Gender: Male Female

Email: Phone: () Mobile:

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: 48 310 606 253

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