



CAVENDISH

# CAVENDISH ONLINE AND ANNUAL SMSF TRANSFER AND ADMINISTRATION (Existing Fund)

## FUND DETAILS

Fund establishment date DD / MM / YYYY

Name of fund

Contact name

Postal address

(for all correspondence)

Suburb  State  Postcode

Contact numbers

Work  Home  Mobile

Fax  Email

ABN  TFN

Is the fund currently registered for GST? Yes ☐ No ☐

Which administration service will the fund be using? Online ☐ Annual ☐

Is the fund registered for QROPS? Yes ☐ No ☐

## TRUSTEE DETAILS

Corporate ☐ (Complete Sections A and B)

Individual ☐ (Complete Section B only)

### A. CORPORATE TRUSTEE

Company name

ACN

Is Cavendish to provide a Corporate Maintenance Service?  
(only available if Cavendish undertakes ongoing compliance administration for the fund)

Yes ☐ (Cavendish will be registered address)

No ☐ Registered office/address

State/Territory of registration

### B. APPLICANT DETAILS

(Full legal names)

Applicant 1 Title  Surname  First name

Other/middle names  Date of birth DD / MM / YYYY

Address

(Not PO Box)

Suburb  State  Postcode

Member Yes ☐ No ☐ TFN

Existing pension Yes ☐ No ☐ Commencement date DD / MM / YYYY

Company role ☐ Chairperson ☐ Secretary

**CAVENDISH ONLINE AND ANNUAL  
SMSF TRANSFER AND ADMINISTRATION (continued)**

**B. APPLICANT DETAILS (continued)**

(Full legal names)

Applicant 2 Title	<input type="text"/>	Surname	<input type="text"/>	First name	<input type="text"/>
Other/middle names	<input type="text"/>			Date of birth	<input type="text" value="DD / MM / YYYY"/>
Address	<input type="text"/>				
(Not PO Box)	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Member	Yes <input type="radio"/>	No <input type="radio"/>	TFN	<input type="text"/>	
Existing pension	Yes <input type="radio"/>	No <input type="radio"/>	Commencement date	<input type="text" value="DD / MM / YYYY"/>	
Company role	<input type="radio"/> Chairperson <input type="radio"/> Secretary				

Applicant 3 Title	<input type="text"/>	Surname	<input type="text"/>	First name	<input type="text"/>
Other/middle names	<input type="text"/>			Date of birth	<input type="text" value="DD / MM / YYYY"/>
Address	<input type="text"/>				
(Not PO Box)	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Member	Yes <input type="radio"/>	No <input type="radio"/>	TFN	<input type="text"/>	
Existing pension	Yes <input type="radio"/>	No <input type="radio"/>	Commencement date	<input type="text" value="DD / MM / YYYY"/>	
Company role	<input type="radio"/> Chairperson <input type="radio"/> Secretary				

Applicant 4 Title	<input type="text"/>	Surname	<input type="text"/>	First name	<input type="text"/>
Other/middle names	<input type="text"/>			Date of birth	<input type="text" value="DD / MM / YYYY"/>
Address	<input type="text"/>				
(Not PO Box)	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Member	Yes <input type="radio"/>	No <input type="radio"/>	TFN	<input type="text"/>	
Existing pension	Yes <input type="radio"/>	No <input type="radio"/>	Commencement date	<input type="text" value="DD / MM / YYYY"/>	
Company role	<input type="radio"/> Chairperson <input type="radio"/> Secretary				

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**FINANCIAL DETAILS** (Mandatory fields)

Financial year of return to be completed by Cavendish

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**BROKER DETAILS**

Broker name and company

Current/New HIN

**CAVENDISH ONLINE AND ANNUAL  
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## PREVIOUS ADMINISTRATOR

Company	<input type="text"/>			
Contact name	<input type="text"/>			
Address	<input type="text"/>			
	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	
		Postcode	<input type="text"/>	
Contact	Phone	( <input type="text"/> ) <input type="text"/>	Fax	( <input type="text"/> ) <input type="text"/>
Email	<input type="text"/>			

## BANKING DETAILS

Name of bank	<input type="text"/>		
Address of bank	<input type="text"/>		
	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Account name	<input type="text"/>		
BSB no.	<input type="text"/>	Account no.	<input type="text"/>

## IMPORTANT DOCUMENTS

(All documents listed below must be provided)

- |   |                       |  |                       |
|---|-----------------------|--|-----------------------|
| Trust deed (plus any amendments)  | <input type="radio"/> | Consent and declaration to act as trustees | <input type="radio"/> |
| Beneficiary nomination  | <input type="radio"/> | Member applications and advice             | <input type="radio"/> |
| Prior year taxation return  | <input type="radio"/> | Pension documentation                      | <input type="radio"/> |
| Signed prior year financials and audit report   | <input type="radio"/> | All minutes                                | <input type="radio"/> |
| Member statements (including breakdown of ETP components and eligible service period)                         |                       |  | <input type="radio"/> |
| Breakdown of original purchase dates, prices and units in relation to the assets held by the fund             |                       |  | <input type="radio"/> |
| Copies of all current year bank statements and supporting documents (dividend statements, contract notes etc) |                       |  | <input type="radio"/> |

## APPLICANT SIGNATURES

I/We acknowledge that I/we have read, understood and agreed to the Cavendish Pty Ltd terms and conditions.

I/We consent to the fees stated in the Cavendish fee schedule being debited from the fund's bank account.

### APPLICANT 1

Full name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>

### APPLICANT 2

Full name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>

**CAVENDISH ONLINE AND ANNUAL  
SMSF TRANSFER AND ADMINISTRATION (continued)**

**APPLICANT 3**

Full name   
Signature  Date

**APPLICANT 4**

Full name   
Signature  Date

**ADVISER DETAILS** (To be completed by the adviser)

Adviser name   
Advisory firm name   
Dealer group/licensee   
Address   
Suburb  State  Postcode   
Contact Phone ( )  Fax ( )   
Email address

**OTHER DETAILS**

Please forward fund establishment documents to  Adviser ☐ Trustee ☐  
Will a wrap account be used? Yes ☐ No ☐  
If yes, which wrap account will be used?   
If yes, will all assets be held within the wrap account? Yes ☐ No ☐  
Will the adviser/client open the fund bank account? Yes ☐ No ☐  
If yes, what type of bank account?

**COMPLETED APPLICATIONS CAN BE RETURNED TO:**

Email: [enquiries@cavendishsuper.com.au](mailto:enquiries@cavendishsuper.com.au)  
Postal address: GPO Box 9981 Adelaide SA 5001