## TAKE OVER ADMINISTRATION FORM

Fax: (07) 54 969 796

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MEMBER AND/OR IN	DIVIDUAL TRUSTEE	S		
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Company na Registered addr ACN & A  PREVIOUS ADMINIST  Name of Firm Postal Address	ress			
Phone:	Email:			
APPOINT ADMINIST	RATION			
	be appointed administrato	r of this SMSF.		
fee schedule. We/	th Envoy Super taking over	r administration of our SMSF. We/I have uper is not a licensed investment adviso	e been supplied with the r and has not provided a	Envoy Super any investment
Signed	Trustee/Director	Signed	Trustee/Director	<u> </u>
Po	mail or post completed SM	7, Glass House Mtns QLD 4518		

ENVOYSUPER together we do more



## **DOCUMENT CHECKLIST**

The following documents are required to complete appointment of administration:

- \* S Copy of current Trust Deed (including any deed of variations)
- \* S Current Investment Strategy
- \* S Previous Financial Accounts (including tax return & member statements)
- \* Fund's Tax File Number
- \* S Members Tax File Number
  - Sorporate Trustee's Constitution (if applicable)
  - Any Setup document (if available)
  - Insurance policy documentation (if applicable)
  - Binding death nominations (if applicable)
  - Pension setup documents (if applicable)
  - Eligible Service Date of Member (if available)
  - © Copies of meeting minutes (if available)
  - © Copies of any ETP's and rollover documentation (if available)

<sup>\*</sup> DOCUMENTS REQUIRED URGENTLY