

30 August 2017

To: The Trustees  
C/- Du Family Superfund  
1 Jabez Cl  
INGLE FARM SA 5098

Dear Trustees,

**Establishment of your Self Managed Superannuation Fund (SMSF)**

We are pleased to advise that the Du Family Superfund ("SMSF") has been established. The enclosed information details important information about the establishment and ongoing management of your SMSF.

**Establishment Details**

Your SMSF has been established and registered with the ATO. The Fund's Australian Business Number (ABN) and Tax File Number (TFN) are enclosed. Documentation evidencing the establishment of the Fund is also enclosed.

**CBA Accelerator Cash Account Details**

Your SMSF Bank Account has been established with CBA (known as the CBA Accelerator Cash Account). The CBA Accelerator Cash Account Details will be mailed to you directly by CBA.

**Queries relating to your CBA Accelerator Cash Account**

If you have any queries about your CBA Accelerator Cash Account, please contact the dedicated Service Area **directly on 1800 252 351**.

**CommSec Share Trading Account Details**

The CommSec Account Details will be emailed to you directly by CommSec. To login to your Share Trading Account please visit the Commsec website at [www.commsec.com.au](http://www.commsec.com.au).

**Queries relating to your CommSec Account**

If you have any queries about your CommSec Account, please contact CommSec **directly on 13 15 19**.

**Important Information about CommSec Trades**

Your CBA Transaction Account is now linked to your CommSec Trading Account for settlement of your trades. You will be able to trade up to the full balance in your CBA Transaction Account. Importantly there is no requirement to transfer monies to another settlement account, meaning that you can trade immediately with any balance in your CBA Transaction account.

**Example**

For example if you have \$50,000 in your CBA Transaction Account (established by ESUPERFUND) you can immediately place trade orders worth \$50,000.

### **Rolling over your existing super**

You can now roll over your existing super benefit to your SMSF. A step by step guide on how to rollover your existing superannuation benefits to your SMSF has been enclosed including the necessary ATO Rollover Forms required to rollover your super benefit (Please **do not** return the ATO Rollover forms to ESUPERFUND). Additional ATO Rollover forms can be downloaded from our website.

### **Employer Super Contributions**

Please find enclosed an ATO Employee Choice (Standard Choice) form to enable your SMSF to receive employer contributions. For further information on how to complete the Standard Choice form please visit [www.esuperfund.com.au](http://www.esuperfund.com.au).

### **ESUPERFUND - Client Portal Registration**

You can now login to the ESUPERFUND Client Portal to view your SMSF documents.

#### **Step 1:**

To register, please login to the client portal at:

<https://clientportal.esuperfund.com.au>.

#### **Step 2:**

Select "Register" (next to the blue Login button).

Enter your email address that was used to apply for a SMSF with ESUPERFUND and follow the prompts. If you have forgotten your email address please contact our office via email at [info@esuperfund.com.au](mailto:info@esuperfund.com.au).

#### **Step 3:**

Enter the Tax File Number for your SMSF.

This can be located on the following page of the documentation under "Fund Particulars". If you do not know your Funds Tax File Number please contact ESUPERFUND on 1300 224 797.

#### **Step 4:**

You will receive an email confirmation to create a new password for your client portal login. Please click on the link provided in the email and follow the steps to create your password. Once this has been completed you will now be able to login to the ESUPERFUND Client Portal.

We take this opportunity to welcome you as a valued client and look forward to servicing your superannuation needs.

Yours sincerely,

Client Services Team  
**ESUPERFUND**

## FUND PARTICULARS:

### Fund Establishment Details:

Superannuation Fund Name:	Du Family Superfund
Australian Business Number:	645 097 359 10
Tax File Number:	231 582 041
Compliance Status:	Registered – status not determined *

### CBA Accelerator Cash Account Details:

The CBA Accelerator Cash Account Details will be mailed to you directly by CBA.

### CommSec Share Trading Account Details:

Account Number:	This information will be mailed to you by CommSec.
Login Password:	For security purposes, please contact CommSec on 13 15 19 to obtain your CommSec login password.

\* Please note that all Superannuation Providers and Institutions have been notified by the ATO that the Complying Status: “Registered – status not determined” can accept transfers or rollovers, direct termination payments and contributions (Personal and Employer). See the checklist enclosed for more information or visit [www.abr.gov.au](http://www.abr.gov.au).

## **Checklist - Rolling Over Your Existing Superannuation to Your Self Managed Super Fund**

Once your SMSF has been established you will be able to transfer your existing super benefits to your new Self Managed Superfund. The process to do this is as follows:

### **Step 1**

To transfer your existing super benefits to your new Self Managed Super Fund you will need to find out where your super is currently invested. You should be in receipt of annual statements from your current Superfund which should make this task relatively simple.

### **Step 2**

Once you have found out where your super is invested you will need to contact your current Superfund and request that "rollover" paperwork be forwarded to you. Alternatively you can complete the ATO Rollover form enclosed. Please complete and forward the documentation to your current superfund. Should you require further ATO Rollover forms you can download them from our website at [www.esuperfund.com.au](http://www.esuperfund.com.au).

### **Step 3**

On the lodgement of your Rollover documentation, your current Superfund will send you a cheque representing your accumulated Superfund benefits. This cheque will need to be deposited into your CBA ACA Account. The account details will be provided to you by CBA bank directly.

**Please be aware that in some cases your existing Superfund will send the cheque directly to ESUPERFUND at PO Box 401 North Melbourne, VICTORIA 3051 given that we are listed as the Fund Administrator. This should not cause any concern as ESUPERFUND receive dozens of cheques daily from existing Superfunds.**

**Please note that immediately on receipt of the Rollover cheque from your current Superfund, ESUPERFUND will forward the cheque directly to the CBA Bank for depositing on your behalf. The cheque proceeds will in turn automatically appear in your CBA ACA Bank Account after several days once the funds have cleared. Please allow at least 7 working days after being informed by your current Superfund that the cheque has been mailed to ESUPERFUND before contacting our office. In most cases the cheque proceeds will have appeared in your CBA ACA Bank Account by that time.**

### **Step 4**

Once the Rollover proceeds have been deposited into your CBA ACA Account you can invest it. As a trustee of your Superfund you will need to make the investment decisions on behalf of your Superfund.

## **Common Queries when Completing Rollover Documentation**

To help you with completing the rollover forms to transfer your existing super benefit to your SMSF, please find detailed below answers to the most common queries we receive from clients:

### **What is my SPIN or Member Number:**

Your SMSF does not have a SPIN Number and ideally this field should be completed as "Not Applicable". If however your current Superfund requires this field to be completed, you should answer this question with MEMBER 1 or MEMBER 2 or MEMBER 3 or MEMBER 4 depending on which member the rollover relates to. That is if you have setup a Fund with your Spouse you would be MEMBER 1 and your spouse would be MEMBER 2.

### **What is my SMSF SFN:**

This number is not relevant and this field should be completed "Not Applicable".

### **What is my SMSF ABN:**

Your SMSF ABN has been issued to your Fund by the ATO and is enclosed with the documentation.

### **What is the SMSF Address for Correspondence:**

The address to send your Rollover Cheque can be your home address or our address (PO Box 401 North Melbourne Victoria 3051).

Please be advised that on the ATO ABR Register which records your Fund details our address is listed as the Fund's address for correspondence. This is necessary as all tax documentation for your Fund must come to our office given we are the Fund's Tax Agent. This documentation is in turn forwarded to you for actioning where required. All non tax documentation will still be sent directly to your home address.

Given we are listed on the ATO ABR Register your existing Fund may insist that the rollover cheque is forwarded to our postal address. This is acceptable and we will bank the Rollover Cheque into your Fund's CBA ACA Account for you immediately upon receipt.

### **What does "Complying Status: Registered – Status not determined" mean?**

When you look up the status of your Fund in the ABR Register the Fund may be listed as a 'Registered – status not determined' Fund. This means the your Fund:

- is registered with an ABN
- is regulated, and
- has not been issued with a Notice of Compliance.

There is no issue with your Fund having this status. This status means that your SMSF is a Registered Regulated Fund that can accept Rollovers and Contributions.

**Please note that all Superannuation Providers and Institutions have been notified by the ATO that notwithstanding that the Fund Status is: "Complying Status: Registered – status not determined" the Fund can still accept transfers or rollovers, direct termination payments and contributions (Personal and Employer).**

### **What is a Notice (Letter) of Compliance:**

Some Superfund's or your Employer may request that you provide a Notice (letter) of Compliance before Rolling Over or Contributing to the Fund. Please note that the Tax Office will only issue a notice about the fund's complying status after it has lodged an SMSF annual return and the fund's compliance status has been determined.

As detailed above you will still be able to rollover your Super without the Notice (letter) of Compliance. If your existing Fund advises that a "Notice of Compliance is required to rollover your super, you must advise them that this is not the case. In the event they continue to refuse to rollover your super a complaint must be lodged in accordance with your Existing Superfunds Financial Services Guide (FSG) or directly to the Financial Ombudsman on 1300 78 08 08 or [www.fos.org.au](http://www.fos.org.au).

### **Trust Deed**

In some cases your existing Superfund will request that you provide them with a copy of your SMSF Trust Deed or extracts of that Deed. The SMSF Trust Deed was included in the original documentation mailed to you to establish your SMSF **and was retained by you**. You will need to locate this Trust Deed if requested by your Existing Superfund **as only you hold the original Trust Deed. ESUPERFUND does not hold your original Trust Deed or a copy of the Trust Deed.**

### **Life Insurance**

Whilst it is optional, if you set up a SMSF, you should ensure that you have adequate life insurance in case you die or you are unable to work because of an illness or accident. Most APRA regulated super funds offer life insurance benefits up to a certain level if you die or you are unable to work because of an illness or accident at a low cost because they can buy group policies at discounted rates. You may need to consider additional costs for insurance when comparing the benefits of a SMSF with your existing Fund.

ESUPERFUND offer a non-compulsory Insurance Service with AIA under the Insurance section of our website. You can obtain a quote easily online enabling you to compare Insurance Premiums payable if you insure via a SMSF versus insuring through your current Fund. For more information please visit the Insurance Section of our website at: [esuperfund.com.au/smsf-insurance/how-it-works.html](http://esuperfund.com.au/smsf-insurance/how-it-works.html).



# Completing the form *Rollover initiation request to transfer whole balance of superannuation benefits to your self-managed super fund*

By completing this form, you will request the transfer of the **whole** balance of your super benefits to your self-managed super fund (SMSF). This form can **not** be used to transfer part of the balance of your super benefits.

You can only use this form to transfer your super benefits to an SMSF. For transfers to funds other than an SMSF, you must use the form *Request form for transfer of whole of balance of superannuation benefits between funds* (NAT 71223).

This form will **not** change the fund to which your employer pays your contributions – the *Standard choice form* must be used by you to change funds.

## BEFORE COMPLETING THIS FORM

- Read the important information below.

## WHEN COMPLETING THIS FORM

- Refer to these instructions where a question shows a message like this: 
- Print clearly in BLOCK LETTERS.

## AFTER COMPLETING THIS FORM

- Sign the authorisation.
- Attach the appropriately certified proof of identity documents.
- Review the checklist below.
- Send the request form to your **FROM** fund.

## IMPORTANT INFORMATION

 This transfer may close your account (you will need to check this with your **FROM** fund).

This form can **not** be used to:

- transfer part of the balance of your super benefits
- transfer benefits if you don't know where your super is
- transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer super from
- change the fund to which your employer pays contributions on your behalf
- open a super account
- transfer benefits under certain conditions or circumstances – for example, if there is a super agreement under the *Family Law Act 1975* in place.

## CHECKLIST

- Have you read the important information?
- Have you considered where your future employer contributions will be paid?
- Have you completed all of the mandatory fields on the form?
- Have you signed and dated the form?
- Have you attached the certified documentation including any linking documents if applicable?

## WHAT HAPPENS TO MY FUTURE EMPLOYER CONTRIBUTIONS?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions, and may close the account you are transferring your benefits **FROM**.

If you wish to change the fund into which your employer contributions are being paid, you will need to speak to your employer about super choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit [ato.gov.au](http://ato.gov.au) or call the Australian Taxation Office (ATO) on **13 10 20**.

## THINGS YOU NEED TO CONSIDER WHEN TRANSFERRING YOUR SUPERANNUATION

When you transfer your super, your entitlements under that fund may cease – you need to consider all relevant information before you make a decision to transfer your super. If you ask for information, your super provider must give it to you.

Some of the points you may consider are:

- **Fees** – your **FROM** fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees, and exit or withdrawal fees.
- **Death and disability benefits** – your **FROM** fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have – other funds may not offer insurance, or may require you to pass a medical examination before they cover you. When considering a new fund, you may wish to check the costs and amount of any cover offered.

## WHAT HAPPENS IF I DO NOT QUOTE MY TAX FILE NUMBER (TFN)?

You are not required to provide your TFN to your super fund. However, if you do not provide your TFN, your fund may be taxed at the highest marginal tax rate, plus the Medicare levy, on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account.

If your super fund does not have your TFN, you will not be able to make personal contributions to your super account. Choosing to quote your TFN will also make it easier to keep track of your super in the future.

Under the *Superannuation Industry (Supervision) Act 1993*, your super fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another super provider when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

## TRANSFERRING TO YOUR SELF-MANAGED SUPER FUND

You must use this form to transfer your benefits to your own SMSF.

You should be aware that SMSFs are subject to the same rules and restrictions as other funds regarding when benefits are to be paid out. In particular, super benefits in a SMSF are required to be 'preserved', meaning they are not generally able to be accessed until you are over age 55 **and** retired.

The trustee of your **FROM** fund may be able to request further information from you about your status as a member, a trustee or a director of a corporate trustee of your SMSF. Penalties may apply for providing false or misleading information.

## Completing proof of identity

You will need to provide documentation with this transfer request to prove you are the person to whom the super entitlements belong.

### ACCEPTABLE DOCUMENTS

The following primary and secondary identification documents may be used:

#### EITHER

##### A certified copy of any ONE of the primary photographic identification:

- driver's licence issued under state or territory law
- passport issued by the Commonwealth that has not expired within the past two years

#### OR

##### Any ONE of the following non-photographic identification documents:

- birth certificate or birth extract issued by a State or Territory of Australia
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits

AND

##### Any ONE of the following secondary identification documents:

- notice issued by the Commonwealth, or State or Territory government within the past 12 months that records the provision of financial benefits and contains your name and residential address – for example
  - letter from Centrelink regarding a government assistance payment
- notice issued by the ATO within the past twelve months that contains your name and residential address – for example
  - notice of an ATO assessment
- notice issued by a local government body or utilities provider within the previous three months – for example
  - a rates notice from local government.

### HAVE YOU CHANGED YOUR NAME OR ARE YOU SIGNING ON BEHALF OF ANOTHER PERSON?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document – a linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents:

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

## CERTIFICATION OF PERSONAL DOCUMENTS

All copied pages of **original** proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping '**certified true copy**' followed by their signature, printed name, qualification – for example, Justice of the Peace or Australia Post employee – and date.

The following people can certify copies of the originals as **true and correct** copies:

- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- a judge of a court
- a magistrate
- a Chief Executive Officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a justice of the peace
- a notary public officer
- a police officer
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- a permanent employee of the Australian Postal Corporation with two or more years of continuous service
- an Australian consular officer or an Australian diplomatic officer
- an officer with two or more years of continuous service with one or more financial institutions
- a finance company officer with two or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees
- a permanent employee of the Commonwealth with two or more years continuous service
- a permanent employee of the State or Territory, or State and Territory authority with two or more years continuous service
- a permanent employee of a local government authority with two or more years of continuous service
- a member of the Institute of Chartered Accountants in Australia, CPA Australia, or the National Institute of Accountants, with two or more years continuous membership.

### WHERE DO I SEND THE FORM?

You can send your completed and signed form with your certified proof of identity documents to your transferring fund.

#### ➤ MORE INFORMATION

For more information about super, visit the:

- Australian Securities & Investments Commission (ASIC) website at [moneysmart.gov.au](http://moneysmart.gov.au)
- ATO website at [ato.gov.au/super](http://ato.gov.au/super)

For more information about this form, phone the ATO on **13 10 20**.



# Rollover initiation request to transfer whole balance of superannuation benefits to your self-managed super fund

under the *Superannuation Industry (Supervision) Act 1993*

## COMPLETING THIS FORM

- Read the important information pages
- Refer to instructions where indicated with a ➔

This form is only for whole (not part) balance transfers.

## AFTER COMPLETING THIS FORM

- Sign the authorisation
- Send form and certified proof of identity documents to either your **FROM** (transferring) fund.

PLEASE COMPLETE

PLEASE COMPLETE

### Personal details

Title: Mr  Mrs  Miss  Ms  Other

\*Family name

\*Given names

Other/previous names

\*Date of birth  /  /

Tax file number

Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your tax file number, but there may be tax consequences.

➔ See 'What happens if I do not quote my tax file number?'

\*Sex Male  Female

Contact phone number

### Residential address

\*Address

\*Suburb

\*State/territory  \*Postcode

### Previous address

➔ If you know that the address held by your **FROM** fund is different to your current residential address, give details below.

Address

Suburb

State/territory  Postcode

### Fund details

#### FROM (Transferring fund)

\*Fund name

Fund phone number

\*Membership or account number

Australian business number (ABN)

Unique superannuation identifier

❗ If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

#### TO (Receiving fund)

\*SMSF name

\*Fund phone number

Australian business number (ABN)

#### SMSF bank details

Account name

BSB

Account number

PLEASE COMPLETE

PLEASE COMPLETE

### \*Proof of identity ➔ See 'Completing proof of identity'

I have attached a certified copy of my primary photographic identification document

OR

I have attached certified copies of **both**:

a primary non-photographic identification document **and** a secondary identification document.

PLEASE COMPLETE

### Authorisation

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and have obtained or do not require such information.
- I confirm that I am a member, trustee or director of a corporate trustee of the SMSF.
- I discharge the superannuation provider of my **FROM** fund of all further liability in respect of the benefits paid and transferred to my **TO** fund.
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

\*Name (Print in BLOCK LETTERS)

\*Signature

\*Date  /  /

SIGN & DATE

\* Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.





# Rollover initiation request to transfer whole balance of superannuation benefits to your self-managed super fund

under the *Superannuation Industry (Supervision) Act 1993*

## COMPLETING THIS FORM

- Read the important information pages
- Refer to instructions where indicated with a

This form is only for whole (not part) balance transfers.

## AFTER COMPLETING THIS FORM

- Sign the authorisation
- Send form and certified proof of identity documents to either your **FROM** (transferring) fund.

PLEASE COMPLETE

## Personal details

Title: Mr  Mrs  Miss  Ms  Other

\*Family name

\*Given names

Other/previous names

\*Date of birth  /  /

Tax file number

Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your tax file number, but there may be tax consequences.

See 'What happens if I do not quote my tax file number?'

\*Sex Male  Female

Contact phone number

## Residential address

\*Address

\*Suburb

\*State/territory  \*Postcode

## Previous address

If you know that the address held by your **FROM** fund is different to your current residential address, give details below.

Address

Suburb

State/territory  Postcode

PLEASE COMPLETE

## Fund details

### FROM (Transferring fund)

\*Fund name

Fund phone number

\*Membership or account number

Australian business number (ABN)

Unique superannuation identifier

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

### TO (Receiving fund)

\*SMSF name

\*Fund phone number

Australian business number (ABN)

### SMSF bank details

Account name

BSB

Account number

PLEASE COMPLETE

PLEASE COMPLETE

## \*Proof of identity See 'Completing proof of identity'

I have attached a certified copy of my primary photographic identification document

OR

I have attached certified copies of **both**:

a primary non-photographic identification document **and** a secondary identification document.

PLEASE COMPLETE

## Authorisation

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and have obtained or do not require such information.
- I confirm that I am a member, trustee or director of a corporate trustee of the SMSF.
- I discharge the superannuation provider of my **FROM** fund of all further liability in respect of the benefits paid and transferred to my **TO** fund.
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

\*Name (Print in BLOCK LETTERS)

\*Signature

\*Date  /  /

SIGN & DATE

\* Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.



# Superannuation Standard choice form

For use by employers when offering employees a choice of fund  
and by employees to advise their employer of their chosen fund.

## Section A: Employee to complete

### 1 Choice of superannuation (super) fund

I request that all my future super contributions be paid to: (place an  in one of the boxes below)

The APRA fund or retirement savings account (RSA) I nominate  Complete items 2, 3 and 5

The self-managed super fund (SMSF) I nominate  Complete items 2, 4 and 5

The super fund nominated by my employer (in section B)  Complete items 2 and 5

PLEASE COMPLETE

### 2 Your details

Name

Employee identification number (if applicable)

Tax file number (TFN)

**!** You do not have to quote your TFN but if you do not provide it, your contributions may be taxed at a higher rate.  
Your TFN also helps you keep track of your super and allows you to make personal contributions to your fund.

### 3 Nominating your APRA fund or RSA

You will need current details from your APRA regulated fund or RSA to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town  State/territory  Postcode

Fund phone

Unique superannuation identifier (USI)

Your account name (if applicable)

Your member number (if applicable)

#### Required documentation

You need to attach a letter from your fund stating that they are a complying fund and that they will accept contributions from your employer. Correct information about your super fund is needed for your employer to pay super contributions.

#### 4 Nominating your self-managed super fund (SMSF)

You will need current details from your SMSF trustee to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town  State/territory  Postcode

Fund phone

Fund electronic service address (ESA)

PLEASE COMPLETE

Fund bank account

BSB code (please include all six numbers)       Account number

#### Required documentation

You need to attach a document confirming the SMSF is an ATO regulated super fund. You can locate and print a copy of the compliance status for your SMSF by searching using the ABN or fund name in the Super Fund Lookup service at <http://superfundlookup.gov.au/>

If you are the trustee, or a director of the corporate trustee you can confirm that your SMSF will accept contributions from your employer by making the following declaration (place an 'X' in the box below):

PLEASE COMPLETE

I am the trustee, or a director of the corporate trustee of the SMSF and I declare that the SMSF will accept contributions from my employer.

If you are not the trustee, or a director of the corporate trustee of the SMSF, then you must attach a letter from the trustee confirming that the fund will accept contributions from your employer.

#### 5 Signature and date

If you have nominated your own fund in Item 3 or 4, check that you have attached the required documentation and then place an 'X' in the box below.

I have attached the relevant documentation.

SIGN & DATE

Signature

Date  
Day:   / Month:   / Year:

Return the completed form to your employer as soon as possible.

## Section B: Employer to complete

You must complete this section before giving the form to an employee who is eligible to choose the super fund into which you pay their super contributions.

**!** Sign and date the form when you give it to your employee.

### 6 Your details

Business name

ABN

Signature

Date

Day / Month / Year  
 /  /

### 7 Your nominated super fund

If the employee does not choose their own super fund, you are required to pay super contributions on their behalf to the fund that you have nominated below:

Super fund name

Unique superannuation identifier (USI)

Phone (for the product disclosure statement for this fund)

Super fund website address

## Section C: Employer to complete

**!** Complete this section when your employee returns the form to you with section A completed.

### 8 Record of choice acceptance

In the two months after you receive the form from your employee you can make super contributions to either the fund you nominated or the fund the employee nominated. After the two-month period you must make payments to the fund chosen by the employee.

**!** If you don't meet your obligations, including paying your employee superannuation contributions to the correct fund, you may face penalties.

Date employee's choice is received  /  /

Date you act on your employee's choice  /  /

**!** Employers must keep the completed form for their own record for five years. **Do not send it to the Australian Taxation Office, the employer's nominated fund or the employee's nominated fund.**

### PRIVACY STATEMENT

The ATO does not collect this information; we provide this form as a means for employees to identify and provide necessary information to their employer. An employer is authorised to collect an employee's TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence for an employee not to quote their TFN. However, quoting a TFN reduces the risk of administrative errors and if the employee does not quote their TFN their contributions may be taxed at a higher rate. An employee can get more details regarding their privacy rights by contacting their superannuation fund.



For use by employers when offering employees a choice of fund and by employees to advise their employer of their chosen fund.

## Section A: Employee to complete

### 1 Choice of superannuation (super) fund

I request that all my future super contributions be paid to: (place an  in one of the boxes below)

The APRA fund or retirement savings account (RSA) I nominate  Complete items 2, 3 and 5

The self-managed super fund (SMSF) I nominate  Complete items 2, 4 and 5

The super fund nominated by my employer (in section B)  Complete items 2 and 5

### 2 Your details

Name

Employee identification number (if applicable)

Tax file number (TFN)



**!** You do not have to quote your TFN but if you do not provide it, your contributions may be taxed at a higher rate. Your TFN also helps you keep track of your super and allows you to make personal contributions to your fund.

### 3 Nominating your APRA fund or RSA

You will need current details from your APRA regulated fund or RSA to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town  State/territory  Postcode

Fund phone

Unique superannuation identifier (USI)

Your account name (if applicable)

Your member number (if applicable)

#### Required documentation

You need to attach a letter from your fund stating that they are a complying fund and that they will accept contributions from your employer. Correct information about your super fund is needed for your employer to pay super contributions.

**4 Nominating your self-managed super fund (SMSF)**

You will need current details from your SMSF trustee to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town

State/territory

Postcode

Fund phone

Fund electronic service address (ESA)

Fund bank account  
BSB code (please include all six numbers)  Account number

PLEASE COMPLETE

**Required documentation**

You need to attach a document confirming the SMSF is an ATO regulated super fund. You can locate and print a copy of the compliance status for your SMSF by searching using the ABN or fund name in the Super Fund Lookup service at <http://superfundlookup.gov.au/>

If you are the trustee, or a director of the corporate trustee you can confirm that your SMSF will accept contributions from your employer by making the following declaration (place an 'X' in the box below):

I am the trustee, or a director of the corporate trustee of the SMSF and I declare that the SMSF will accept contributions from my employer.

PLEASE COMPLETE

If you are not the trustee, or a director of the corporate trustee of the SMSF, then you must attach a letter from the trustee confirming that the fund will accept contributions from your employer.

**5 Signature and date**

If you have nominated your own fund in Item 3 or 4, check that you have attached the required documentation and then place an 'X' in the box below.

I have attached the relevant documentation.

SIGN & DATE

Signature

Date  
Day Month Year  
 /  /

Return the completed form to your employer as soon as possible.

## Section B: Employer to complete

You must complete this section before giving the form to an employee who is eligible to choose the super fund into which you pay their super contributions.

**!** Sign and date the form when you give it to your employee.

### 6 Your details

Business name

ABN

Signature

Date

Day / Month / Year  
 /  /

### 7 Your nominated super fund

If the employee does not choose their own super fund, you are required to pay super contributions on their behalf to the fund that you have nominated below:

Super fund name

Unique superannuation identifier (USI)

Phone (for the product disclosure statement for this fund)

Super fund website address

## Section C: Employer to complete

**!** Complete this section when your employee returns the form to you with section A completed.

### 8 Record of choice acceptance

In the two months after you receive the form from your employee you can make super contributions to either the fund you nominated or the fund the employee nominated. After the two-month period you must make payments to the fund chosen by the employee.

**!** If you don't meet your obligations, including paying your employee superannuation contributions to the correct fund, you may face penalties.

Date employee's choice is received  /  /

Date you act on your employee's choice  /  /

**!** Employers must keep the completed form for their own record for five years. **Do not send it to the Australian Taxation Office, the employer's nominated fund or the employee's nominated fund.**

### PRIVACY STATEMENT

The ATO does not collect this information; we provide this form as a means for employees to identify and provide necessary information to their employer. An employer is authorised to collect an employee's TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence for an employee not to quote their TFN. However, quoting a TFN reduces the risk of administrative errors and if the employee does not quote their TFN their contributions may be taxed at a higher rate. An employee can get more details regarding their privacy rights by contacting their superannuation fund.

# Du Family Superfund

## Bank Details Notification

*(To be provided to your Rollover Superannuation Fund Institution or employer where applicable.)*

To whom it may concern

The Trustee(s) of the Fund certify/ies that the Fund:

- 1 Is a resident regulated superannuation fund under the *Superannuation Industry Supervision Act 1993 (SIS Act)*.
- 2 Is not subject to a direction under Section 63 of the SIS Act and is therefore able to accept employer contributions.
- 3 Is empowered by the Fund's trust deed to receive rolled over or transferred benefits.
- 4 Has received consent to the rollover from the relevant member, as set out below, in accordance with r6.28(i)(b) of the *Superannuation Industry (Supervision) Regulations 1994*.
- 5 Is empowered by the Fund's trust deed to receive employer and personal contributions. The contributions should be made to the Fund's Bank Account as follows:

Bank: CBA  
Account Name: Du Family Superfund  
BSB Number:  
Account Number:

Date: 31 July 2017

Sign: \_\_\_\_\_  
Trustee Name:

Sign: \_\_\_\_\_  
Trustee Name:

Sign: \_\_\_\_\_  
Trustee Name:

Sign: \_\_\_\_\_  
Trustee Name:





**Australian Government**  
**Australian Business Register**



022

THE TRUSTEE FOR DU FAMILY SUPERFUND  
C/- ESUPERFUND PTY LTD  
PO BOX 401  
NORTH MELBOURNE VIC 3051

**Our reference:** 3611523770426  
**Phone:** 13 92 26  
**ABN:** 64 509 735 910

18 August 2017

## **We have registered you on the Australian Business Register**

Dear Sir/Madam

Your Australian business number (ABN) is **64 509 735 910**.

Your ABN registration is effective as of 31 July 2017.

Please check that the enclosed ABN details recorded for your business or organisation are correct and advise us if they are not.

### **Your obligations**

You're legally required to ensure your ABN details are kept up-to-date and you must notify the Registrar of any changes to your details within 28 days.

If you have an AUSkey you can update your ABN details online. AUSkey is a secure login that identifies you when you use participating government online services for business. If you don't have an AUSkey, but would like to register for one, go to **[www.abr.gov.au/auskey](http://www.abr.gov.au/auskey)**

For more information about connecting your ABN to your myGov account and using your myGov details to access government services for business, go to **[www.ato.gov.au/ABNconnect](http://www.ato.gov.au/ABNconnect)**

Alternatively, you can update your details by contacting us on **13 92 26** between 8.00am and 6.00pm, Monday to Friday.

The Registrar will periodically review your ABN registration. Where there is evidence that you're no longer entitled to hold an ABN your registration will be cancelled. Evidence of entitlement could include declaring business income in your income tax returns, and/or lodging activity statements within two years of your ABN registration.

If you've indicated that you require endorsement as a deductible gift recipient, income tax exempt fund or tax concession charity, an application will be sent to you shortly.

### **Starting or running a business**

The Australian Government's dedicated business website **[www.business.gov.au](http://www.business.gov.au)** is a one-stop shop for business information from all levels of government. The website provides a range of free tools including planning templates, checklists and how-to guides to help you work smarter, not harder. Find business information and support the easy way, visit **[www.business.gov.au](http://www.business.gov.au)** today.

Over the next year we'll be sending you a series of New to Business emails with information to help you manage and grow your business. You'll also receive emails from our Small Business Newsroom to keep you up to date with important tax and super news.

## Australian Business Register

Australian business number (ABN) : 64 509 735 910  
Entity name : The Trustee for Du Family Superfund  
ABN status : Active  
ABN registration date : 31 July 2017  
Postal address : C/- ESUPERFUND PTY LTD  
PO BOX 401  
NORTH MELBOURNE VIC  
3051  
Business address : 1 JABEZ CL  
INGLE FARM SA  
5098  
Type of entity : ATO Regulated Self-Managed Superannuation Fund  
ANZSIC code : 6330 - Superannuation Funds

### Associates

The following are the associates of the entity:

Associate name	Position held
Mrs YEN DU	Director Of A Corporate Trustee
Mr MICHAEL DU	Member Of A Self Managed Superannuation Fund Director Of A Corporate Trustee
HOANG DU PTY LTD	Member Of A Self Managed Superannuation Fund Trustee





022

THE TRUSTEE FOR DU FAMILY SUPERFUND  
C/- ESUPERFUND PTY LTD  
PO BOX 401  
NORTH MELBOURNE VIC 3051

Our reference: 7105735241651

18 August 2017

## Your tax file number

Dear Sir/Madam

The details of your tax file number registration are:

**Name:** THE TRUSTEE FOR DU FAMILY SUPERFUND  
**Tax file number:** 231 582 041

It's important to keep this letter and any other document with your tax file number on it, in a safe place.

You should quote this tax file number when contacting us as it will help us find your information faster.

You will be asked to provide your tax file number to financial institutions and investment bodies when you open accounts or make investments with them. You don't have to give your tax file number to these organisations, but if you don't, they may withhold more tax from any investment returns or interest they pay to you.

### For more information

You can find out more on our website [www.ato.gov.au/tfn](http://www.ato.gov.au/tfn)

Yours faithfully

Robert Ravello  
Deputy Commissioner of Taxation





022

THE TRUSTEE FOR DU FAMILY SUPERFUND  
C/- ESUPERFUND PTY LTD  
PO BOX 401  
NORTH MELBOURNE VIC 3051

Our reference: 7105735241622  
Phone: 13 10 20

18 August 2017

**Please send all your future superannuation fund information to us**

Dear Sir/Madam

Thank you for notifying us of your choice to make THE TRUSTEE FOR DU FAMILY SUPERFUND a regulated self-managed superannuation fund (SMSF).

As we are responsible for regulating this type of fund, all information you provide about THE TRUSTEE FOR DU FAMILY SUPERFUND, including your SMSF annual return, needs to be sent to us.

We look forward to helping you with any other regulatory and taxation issues that may relate to your fund. On the back of this letter, you'll find some guidance and useful links for running a SMSF.

If you have any questions, please call us on **13 10 20** between 8.00am and 6.00pm, Monday to Friday. We'll be happy to help.

Yours faithfully

David Diment  
Deputy Commissioner of Taxation

### **What are my responsibilities as a fund trustee?**

Generally, all members of self managed superannuation funds must also be the fund's trustees. Trustees have certain legal obligations and duties to fulfill.

One of your key responsibilities as a fund trustee will be to ensure that your fund meets the requirements of the *Superannuation Industry (Supervision) Act 1993* and related regulations (the *Superannuation Industry (Supervision) Regulations 1994*).

This includes informing us if any trustees or members join or leave the fund. You can do this at **www.abr.gov.au** or by lodging a *Change of details for superannuation entities* (NAT 3036) form, which can be ordered from our publication service on **1300 720 092**.

### **Where can I get more information?**

If you would like more information about self managed superannuation funds, you can:

- go to our website at **www.ato.gov.au/smsf**, or
- contact us by phoning **13 10 20** between 8.00am and 6.00pm, Monday to Friday.