



APPLICATION TO TRANSFER EXISTING ADMINISTRATION SERVICES

Fund establishment date: 22/01/2015

Name of SMSF: SLOGGETT FAMILY SUPERANNUATION FUND

Fund ABN: 77108078314

Fund TFN: 439997293

CONTACT DETAILS

Primary Contact's Name: TEEGAN SHAW

Phone No(s): 0407893804

Email: teegan@oohfabulous.com

Fund Physical Address (not a PO Box):

Street Address: 1 BALLADONIA AVE

Suburb/City: MT LOW

State: QLD P/Code: 4818

Postal Address:

(If the same as Physical address; write "as above")

Postal Address: AS ABOVE

Suburb/City:

State: P/Code:

TRUSTEE DETAILS

CORPORATE ☐ (Complete Sections A & B)

INDIVIDUALS ☒ (Complete Section B only)

A. CORPORATE

Company name:

A.C.N:

Registered Office Address (ASIC purposes):

(if the R.O. is not already the Fund's Physical Address, we will prepare the ASIC form to change it to this address; unless advised otherwise below)

Does the Company occupy the premises?

Yes ☐ No ☐

If not, who occupies the premises?

Does the Company have the occupier's consent for the premises?

Yes ☐ No ☐

B.**TTEES/DIRECTORS**

N.b. Full legal names required. We need a separate Email and mobile per person for Online Portal Access

Trustee / Director 1

Title ie. Mr/Ms D.O.B
 First Name
 Middle Name
 Surname
 Previous Name
 TFN
 Mobile
 Email

Residential Address: if different to first page.

Director/
Secretary: ☐

Fund
Member: ☒

Trustee / Director 2

Title ie. Mr/Ms D.O.B
 First Name
 Middle Name
 Surname
 Previous Name
 TFN
 Mobile
 Email

Residential Address: if different to first page.

Director/
Secretary: ☐

Fund
Member: ☒

Trustee / Director 3

Title ie. Mr/Ms D.O.B
 First Name
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Residential Address: if different to first page.

Director/
Secretary: ☐

Fund
Member: ☐

Trustee / Director 4

Title ie. Mr/Ms D.O.B
 First Name
 Middle Name
 Surname
 Previous Name
 TFN
 Mobile
 Email

Residential Address: if different to first page.

Director/
Secretary: ☐

Fund
Member: ☐

PRIOR ADMINISTRATOR / ACCOUNTANT

Company & Contact Name:

Phone No(s):

Email:

Postal Address:

We will forward the Authority to Release Information on the last page of this Application to the previous administrator along with our Ethical Clearance Letter.

TERMS OF TRANSFER AND AUTHORISATION

By signing this form:

I declare that the information in this Application is true and correct at the time of completion;

I agree that Green Frog Super may collect, use and store my personal information for the purposes of processing this application and to provide ongoing services;

For Corporate Trustees I authorise Green Frog Super to lodge ASIC Form 362 to be appointed as the registered Agent for ASIC purposes;

I agree that Green Frog Super will be appointed as the Registered Tax Agent for the Fund and will be the address for all ATO correspondence (unless advised otherwise);

I agree to the release of information between Green Frog Super and my adviser or their firm, if details of an adviser have been provided or if the application was submitted by the adviser;

I acknowledge that the service provided by Green Frog Super does not constitute investment advice.

APPLICANT'S SIGNATURE

Please print & sign these pages once filled-in

Member 1



Name: MICHAEL SLOGGETT

Member 2 – if applicable



Name: TEEGAN SHAW

Member 3 – if applicable



Name:

Member 4 – if applicable



Name:

CHECKLIST

- ☒ All member/director details completed
- ☒ All authorisations above signed and dated

IMPORTANT DOCUMENTS

These are the documents we will likely need. They do not have to be supplied at the same time as this application form & some may be held by your current Administrator. We will send them a letter to ask for any documents held by them.

- ☐ Trust Deed (plus any amendments)
- ☐ Establishment Documentation - Consents, Applications for Membership, etc
- ☐ Company Constitution - if Corporate Trustee
- ☐ Pension Documentation - if relevant
- ☐ Current Investment Strategy
- ☐ Beneficiary Nomination/s - if relevant
- ☒ Prior Year Financials, Member Statements, Tax Return, Audit Report
- ☐ Breakdown of original purchase dates, prices & units in relation to the assets held by this Fund (this is generally provided by the previous Administrator)
- ☒ Copies of bank statements & investment details including the HIN (if relevant) for the current financial year.

Please send this completed form to:

support@greenfrogsuper.com.au -or- PO BOX 227, BALLINA NSW 2478

Dear Sir/Madam

Re: SLOGGETT FAMILY SUPERANNUATION FUND

As trustee or director of the corporate trustee for the above-named Fund, I hereby confirm that Green Frog Super has been appointed to act as Administrators of the Fund. This letter authorises you to release all relevant information that you may be holding that pertains to the Fund or its corporate trustee (if applicable) to Green Frog Super and its representatives.

This information includes the Trust Deed, minutes and pension documentation, corporate register, investment transaction reports and CGT register, trial balance and general ledger, financial and member statements, tax returns and bank statements.

It would also be greatly appreciated if you could please email an exported data file to support@greenfrogsuper.com.au

A PDF or photocopied version of this authorisation shall be considered as valid as the original, signed copy.

The contact details for the new administrators are:



Thank you for your past assistance.

Yours faithfully



Signed by: **MICHAEL SLOGGETT**