

**SELF MANAGED SUPERANNUATION FUND ADMINISTRATION
TRANSFER FORM**

Fax to: (08) 8271 5133 or

Email to: admin@evolutionsuper.com.au

Contact Details

Company Name: _____
Contact Name: _____
Telephone: _____
Fax: _____
Email: _____
Address: _____

Fund Details

Name of Fund _____

Member/Trustee Details

Member

Trustee

Full Name: _____
Date of Birth: _____
TFN: _____
Residential Address: _____

Member

Trustee

Full Name: _____
Date of Birth: _____
TFN: _____
Residential Address: _____

Member

Trustee

Full Name: _____
Date of Birth: _____
TFN: _____
Residential Address: _____

Member <input type="checkbox"/>	Trustee <input type="checkbox"/>
Full Name:	_____
TFN:	_____
Date of Birth:	_____
Residential Address:	_____

Corporate Trustee	
➤ If the trustee is a company:	
Name:	_____ ACN: _____
Registered Office:	Level/St: _____
	Suburb: _____
	State: _____ Postcode: _____
Directors:	_____

Administration of SMSF to be provided by Evolution Super	
Estimate number of investments: _____	
Previous Administrator/Accountant	
Company Name:	_____
Contact Name:	_____
Telephone:	_____
Fax:	_____
Email:	_____
Address:	_____

Additional Notes:	_____

