

Wind Up Instruction

As a member of the superannuation fund detailed below, I hereby instruct SuperGuardian, Pty Ltd ACN 113 986 968 AFSL 485643 (SuperGuardian), to wind up the fund.

By signing this form, I acknowledge and accept SuperGuardian's wind up fee, as outlined in the fee schedule.

Fund details

Superannuation Fund Name: _____

Australian Business Number: _____

Wind Up Details

Financial year wind up will occur: _____

Have you sold/transferred all your assets? YES NO

One cash account is to remain open until advised. Please don't close your bank account until the following has occurred:

- Expected liabilities have been settled
- Any tax refunds have been received
- You have completed any rollovers using SuperStream
- You have received confirmation from us that your fund has been wound up

Comments:

Have you paid outstanding expenses and tax liabilities e.g. final adviser fees, administration fees, insurances and outstanding PAYG instalments?

YES NO

Comments:

Have you notified employers to cease making contributions to the fund?

YES NO

Comments:

Member 1 Balance

Member name: _____

Are member benefits to be:

Paid out to the member as pension payments

Paid out to the member as lump sum / pension payments

Rolled over to another superannuation fund (please complete below if you select this)

Receiving fund details:

ABN: _____

Fund name: _____

Postal address: _____

Street address: _____

Suburb / Town / City: _____ State / Territory: _____

Postcode: _____ Country, if other than Australia: _____

Unique superannuation identifier (USI) : _____

Member client identifier: _____

If transferring to an SMSF, please also provide:

Account name: _____

BSB: _____

Account number: _____

Electronic Service Address (ESA): _____

Member 2 Balance

Member name: _____

Are member benefits to be:

Paid out to the member as pension payments

Paid out to the member as lump sum / pension payments

Rolled over to another superannuation fund (please complete below if you select this)

Receiving fund details:

ABN: _____

Fund name: _____

Postal address: _____

Street address: _____

Suburb / Town / City: _____ State / Territory: _____

Postcode: _____ Country, if other than Australia: _____

Unique superannuation identifier (USI) : _____

Member client identifier: _____

If transferring to an SMSF, please also provide:

Account name: _____

BSB: _____

Account number: _____

Electronic Service Address (ESA): _____

Member 3 Balance

Member name: _____

Are member benefits to be:

Paid out to the member as pension payments

Paid out to the member as lump sum / pension payments

Rolled over to another superannuation fund (please complete below if you select this)

Receiving fund details:

ABN: _____

Fund name: _____

Postal address: _____

Street address: _____

Suburb / Town / City: _____ State / Territory: _____

Postcode: _____ Country, if other than Australia: _____

Unique superannuation identifier (USI) : _____

Member client identifier: _____

If transferring to an SMSF, please also provide:

Account name: _____

BSB: _____

Account number: _____

Electronic Service Address (ESA): _____

Member 4 Balance

Member name: _____

Are member benefits to be:

Paid out to the member as pension payments

Paid out to the member as lump sum / pension payments

Rolled over to another superannuation fund (please complete below if you select this)

Receiving fund details:

ABN: _____

Fund name: _____

Postal address: _____

Street address: _____

Suburb / Town / City: _____ State / Territory: _____

Postcode: _____ Country, if other than Australia: _____

Unique superannuation identifier (USI) : _____

Member client identifier: _____

If transferring to an SMSF, please also provide:

Account name: _____

BSB: _____

Account number: _____

Electronic Service Address (ESA): _____

Member 5 Balance

Member name: _____

Are member benefits to be:

Paid out to the member as pension payments

Paid out to the member as lump sum / pension payments

Rolled over to another superannuation fund (please complete below if you select this)

Receiving fund details:

ABN: _____

Fund name: _____

Postal address: _____

Street address: _____

Suburb / Town / City: _____ State / Territory: _____

Postcode: _____ Country, if other than Australia: _____

Unique superannuation identifier (USI) : _____

Member client identifier: _____

If transferring to an SMSF, please also provide:

Account name: _____

BSB: _____

Account number: _____

Electronic Service Address (ESA): _____

Member 6 Balance

Member name: _____

Are member benefits to be:

Paid out to the member as pension payments

Paid out to the member as lump sum / pension payments

Rolled over to another superannuation fund (please complete below if you select this)

Receiving fund details:

ABN: _____

Fund name: _____

Postal address: _____

Street address: _____

Suburb / Town / City: _____ State / Territory: _____

Postcode: _____ Country, if other than Australia: _____

Unique superannuation identifier (USI) : _____

Member client identifier: _____

If transferring to an SMSF, please also provide:

Account name: _____

BSB: _____

Account number: _____

Electronic Service Address (ESA): _____

If SuperGuardian is the ASIC agent, would you like us to arrange the deregistration of the fund's corporate trustee?

Yes

No

Not applicable

Financial Advice

Has the member obtained financial advice regarding this decision? (We strongly recommend you seek advice).

Yes, and I will provide a copy of the statement of advice. I confirm that I have received a statement of advice from a licensed financial planner within the last 6 months which, among other things, recommends that I wind up the fund. I have based my decision to wind up the fund on the advice I received from the financial planner, and for this reason, I do not require advice from SuperGuardian.

OR

No, even though SuperGuardian has strongly recommended that I obtain advice from a licensed financial planner, I do not wish to obtain advice on whether winding up the fund (specified above) is appropriate for me. I have already made a decision to wind up the fund.

Disclaimer

I understand that by facilitating the wind up of the fund, SuperGuardian is merely giving effect to my instructions and not giving any recommendation or statement of opinion that the wind up of the fund is appropriate for me.

I understand that:

1. The SMSF cannot be wound up until all of the requirements specified in the SMSF trust deed and all outstanding tax obligations and liabilities of the SMSF are satisfied;
2. The balance of the SMSF will need to be paid out or rolled over into another complying superannuation fund. I understand that SuperGuardian has not advised me on which complying superannuation fund to roll over the SMSF balance into;

3. I have not asked for financial advice regarding the impact of winding up the SMSF on any or all of my insurance policies held in the SMSF and I acknowledge that I understand that this impact may be significant;
4. An SMSF auditor will need to be appointed to complete the final audit of the SMSF;
5. The SMSF cannot be reactivated or reinstated once it is wound up.

Member Authority

Signed by the **instructing member**.

Member: _____

Signed: _____ Date: _____

OR

Adviser Authority

Authorised Adviser has provided a Statement of Advice to the fund and signed Authority to Proceed.

Adviser: _____

Signed: _____ Date: _____