



# Wind Up Request

The trustees of the superannuation fund request to wind up the super fund. The trustees instruct you									
finalise the accounts and prepare the appropriate documentation	n to wind up the f	und.							
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 to remain open until advised. Please don't close your bank a - Expected liabilities have been settled - Any tax refunds have been received	ccount until the follov	ving has occurred:							
- 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	e fund?								
	Yes	No							
Comments:									

### Member 1 Balance

Are member benefits to be:

Paid out to member(s) as pension payments

Paid out to member(s) as lump sum / pension payment

Rollover 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 member(s) as pension payments

Paid out to member(s) as lump sum / pension payment

Rollover 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 member(s) as pension payments Paid out to member(s) as lump sum / pension payment Rollover 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 member(s) as pension payments

Paid out to member(s) as lump sum / pension payment

Rollover 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 member(s) as pension payments

Paid out to member(s) as lump sum / pension payment

Rollover 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 Country, if other than Australia Postcode Unique superannuation identifier (USI) Member client identifier Member 6 Balance Member Name: Are member benefits to be: Paid out to member(s) as pension payments Paid out to member(s) as lump sum / pension payment Rollover 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 SuperGuardia corporate truste		gent, wo	uld yo	ou like us	to arrange the deregistration of	f the fund	's			
	Yes									
	No									
	Not applicable									
<b>Trustee Authority</b> *Upon completion of this form we will prepare a formal resolution for the decision to wind up. Once all assets are sold or transferred and only cash remains, we will cease any monthly fees and raise our final wind up fee. *										
Trustee 1:					Trustee 2:					
Signed:		Date:	/	1	Signed:	Date:	/	/		
Trustee 3:					Trustee 4:					
Signed:		Date:	/	1	Signed:	Date:	/	/		
-					•					
Trustee 5:		Data	,	1	Trustee 6:	Data	1	,		
Signed:		Date:	1	1	Signed:	Date:	1	/		
or										
Adviser Authori	ity									
Adviser:										
Signed:		Date:	1	1						