

ALTERNATE DIRECTOR SERVICE FORM



Complete and return this form to Heffron at: dss@heffron.com.au OR PO Box 200 Maitland NSW 2320

SECTION A: ACCOUNTANT/ADVISER DETAILS (Please start at Section B if not applicable)

Contact Person		Company	
Postal Address			
Suburb		State	Postcode
Phone		Email	
Mobile Phone		Cc Email	
Please select how you would like to receive the documents		Email <input type="checkbox"/>	OR Post <input type="checkbox"/>
Please select who should receive the documents		Accountant/Adviser <input type="checkbox"/>	OR Trustee 1 <input type="checkbox"/>

SECTION B: FUND DETAILS

Fund Name		ABN	
Please attach the following:			
<input type="checkbox"/>	A copy of the latest ASIC company statement. A fee may apply if not provided		
<input type="checkbox"/>	A copy of the Constitution		
<input type="checkbox"/>	A copy of the Enduring Power of Attorney (if applicable)		

SECTION C: TRUSTEE DETAILS

<input type="checkbox"/> Individual			
<input type="checkbox"/> Corporate	Name		ACN
Registered Office Address			
Suburb		State	Postcode
INDIVIDUAL 1	Director <input type="checkbox"/>	Trustee <input type="checkbox"/>	Member <input type="checkbox"/>
Full Legal Name			Title
Residential Address			
Suburb		State	Postcode
Postal Address	<input type="checkbox"/> As above		
Suburb		State	Postcode
Email			
Phone		Mobile	
INDIVIDUAL 2	Director <input type="checkbox"/>	Trustee <input type="checkbox"/>	Member <input type="checkbox"/>
Full Legal Name			Title
Residential Address			
Suburb		State	Postcode
Postal Address	<input type="checkbox"/> As above		
Suburb		State	Postcode

NOTE: If there are more than two individuals, please copy this page

SECTION D: APPOINTED ALTERNATE DIRECTOR DETAILS

Full Legal Name				Title	
Date of Birth		Place of Birth			
Residential Address					
Suburb		State		Postcode	
Postal Address					<input type="checkbox"/> As above
Suburb		State		Postcode	
Email					
Phone			Mobile		
The appointed 'Alternate director' is alternate for:					
Appointment Date					
Please describe the terms of the appointment e.g. a) when the alternate director will act as the director; b) capacity to sign instruments, attend meetings etc.					
The alternate director has consented to act:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

SECTION E: PRIVACY STATEMENT

Heffron SMSF Solutions is committed to protecting the privacy and rights of its customers. Our [Privacy Policy](#) contains important information about how we collect, hold, use and disclose personal information. If you have questions or wish to make a complaint, please contact our Privacy Officer at Heffron SMSF Solutions, PO Box 200, MAITLAND NSW 2320, or via email at privacy.officer@heffron.com.au.

SECTION F: ACKNOWLEDGEMENT

I confirm that the information on this form is correct and I have the authority to request and pay for the services requested on behalf of the superannuation fund / company.
I acknowledge that this is an "execution only" service and am not asking Heffron to consider if the course of action contemplated by these documents is appropriate for my / our circumstances.

Signature of person authorised to make the above statements on behalf of the member(s) and trustee(s) or director(s) of the corporate trustee

Print name

Date

NB: PAYMENT DETAILS REQUIRED ON NEXT PAGE

SECTION G: PAYMENT DETAILS REQUIRED

Amount: \$		<input type="checkbox"/> Credit Card	
Cardholder's Name:		Card Number:	
Exp Date:		CCV:	
<input type="checkbox"/> EFT Transfer	BSB: 082 691 Account: 561309446	<input type="checkbox"/> Direct Debit Authority in place	
<i>Please attach transaction receipt of payment to service form as confirmation of payment</i>			