Transfer of ownership – Statutory Declaration for SMSF

Individual Trustees

We, *(Individual Trustees' Names),*

do solemnly and sincerely declare that:

a. We were appointed as Individual Trustees of the *(Scheme Name)*

(the '**Fund**'),

in accordance with the governing rules of the Fund, effective from *(Date (DD/MM/YYYY));*

b. a true copy of the Deed effecting our appointment as trustee of the Fund is attached to this statutory declaration;

c. the policy owner of Acenda policy number *(Policy Number)*

('**Policy**')

holds the Policy as the former trustee of the Fund; and

d. we request(s) that the above Policy be transferred to us under section 203 of the *Life Insurance Act 1995* (Cth).

We make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions in the *Oaths Act 1900* (NSW).

Declared at: *(Place)*

on: *(Date (DD/MM/YYYY))*

(Signature of Declarant)

(Date (DD/MM/YY))

(Signature of Declarant)

(Date (DD/MM/YY))

in the presence of an authorised witness, who states:

I, *(name of witness),*

a (*qualification of authorised witness),*

certify the following matters concerning the making of this statutory declaration by the person who made it:
(*please cross out any text that does not apply)

1. *I saw the face of the person **OR** *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. *I have known the person for at least 12 months **OR** *I have confirmed the person's identity using an identification document and the document I relied on was *(name of identification document relied on)*

(Signature of authorised witness)

(Date (DD/MM/YY))

Confirm your contact details

Please provide your contact details for future correspondence.

Residential address and contact details (required)

First name

Middle name(s)

Family name

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Email

Phone number

Postal address (optional)

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

Send us your form

Please mail your completed, signed and dated form to:

Acenda
Operations
PO Box 23455
Docklands VIC 3008

Email: enquiries.retail@acenda.com.au

If you have any questions you can call us on **13 65 25** Monday to Friday, 8.30am to 5pm (AEST/AEDT).

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CGP-18076