

Transfer of ownership – Statutory Declaration for SMSF

Corporate Trustees

Statutory Declaration

I / We, (Director 1 & Director 2 OR Director & Secretary Company **OR** Sole Director – **please circle applicable**),

do solemnly and sincerely declare that:

a. I am / We are authorised officers of:

(New Company Trustee Name)

(ACN)

of

(Company address)

(the '**Company**');

b. The Company was appointed as trustee of (Scheme Name)

(the '**Fund**'),

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

--	--	--	--	--	--	--

c. a true copy of the Deed effecting the Company's appointment as trustee of the Fund is attached to this statutory declaration;

d. the policy owner of Acenda policy number (Policy Number)

(**'Policy'**)

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

e. the Company request(s) that the above Policy be transferred to it under section 203 of the *Life Insurance Act 1995* (Cth).

Statutory Declaration continued

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)

					<i>(Date (DD/MM/YY))</i>

(Signature of Declarant)

					<i>(Date (DD/MM/YY))</i>

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)

					<i>(Date (DD/MM/YY))</i>

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).