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) *(Signature of Declarant)*

(Date (DD/MM/YY))

(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.

Company address and contact details (required)

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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