



ACTUARIAL CERTIFICATE DATAFORM

(Unsegregated Assets Certificate required by s295-390 of ITAA1997)

Upon completion please email to Brian@NetActuary.com.au

If you need help please call Brian on 03-9028 5002

If the SMSF has one or more legacy defined pensions, please use the application form for those type of entitlements and not this form.

FUND ADMINISTRATOR DETAILS:

| | | | | |
|----------------------------------|--|--------|-------------------------|------------|
| Contact Name: | | | Your Ref (if Required): | |
| Company Name: | | | ABN: | |
| Postal Address: Street/POBox: | | | | |
| City/Suburb: | | State: | | Post Code: |
| Email Address: | | | Phone Number: | |
| Second Email Address (Optional): | | | Invoice Entity: | |

FUND DETAILS:

| | | | | |
|--|--|---|--------------|--|
| Name of Superannuation Fund: | | | Fund ABN: | |
| Name of Corporate Trustee (If relevant): | | | Company ABN: | |
| Certificate for Financial Year: | | If Fund commenced in current year - Date of commencement: | | |
| Number of Members: | | If Fund wound up in current year - Date Ceased: | | |

IDENTIFICATION OF LESS USUAL CIRCUMSTANCES (Please tick all relevant boxes):

- | | | |
|--|---|---|
| <input type="checkbox"/> Deemed or Elected Segregation | <input type="checkbox"/> Fund commenced or wound up in year | <input type="checkbox"/> Fund has Non-arms lenght Assets |
| <input type="checkbox"/> Disregarded Small Fund Assets | <input type="checkbox"/> Fund has Reserve Account | <input type="checkbox"/> A member died or insurance proceeds received in year |

MEMBER DETAILS:

| | Member 1 | Member 2 | Member 3 | Member 4 |
|----------------------------------|----------|----------|----------|----------|
| Member/Trustee Firstname/s: | | | | |
| Member/Trustee Surname: | | | | |
| Member/Trustee Date of Birth: | | | | |
| Date Joined if in current year: | | | | |
| Date of Exit if in current year: | | | | |

The maximum number of members a self managed fund is permitted to have, will be increased from four to six members.

OPENING BALANCES:

| | Member 1 | Member 2 | Member 3 | Member 4 | Totals |
|--|----------|----------|----------|----------|--------|
| Opening Accumulation Balance: | | | | | |
| Opening Non-Retirement Phase Pensions: | | | | | |
| Opening Retirement Phase Pensions: | | | | | |
| Totals: | | | | | |

A Transition to Retirement Pension can be either a Retirement or Non-Retirement Phase Pension.

TRANSACTIONS IN FINANCIAL YEAR:

| Funds Level Transactions: | Member 1 | Member 2 | Member 3 | Member 4 | Totals |
|--|----------|----------|----------|-------------------------------|--------|
| PLUS Concessional Contributions: | | | | | |
| PLUS Non-Concessional/Transfers In: | | | | | |
| MINUS Accumulation Withdrawals: | | | | | |
| MINUS TRIS Non-Ret Phase Payments: | | | | | |
| MINUS ABP Pension Payments: | | | | | |
| MINUS ABP Pension Commutations: | | | | | |
| MINUS TRIS Ret-Phase Pension Payments: | | | | | |
| | | | | Net Earnings to be allocated: | |
| | | | | Year End Balance before tax: | |

MEMBER LEVEL TRANSACTIONS WITH TRANSACTION DATES:

| | | | | | | Totals: |
|--------------------------------------|----------------|--|--|--|--|---------|
| Concessional Contributions: | Date: | | | | | |
| | Member Number: | | | | | |
| | Amount: | | | | | |
| | Date: | | | | | |
| | Member Number: | | | | | |
| | Amount: | | | | | |
| Non-Concessional/Transfers In: | Date: | | | | | |
| | Member Number: | | | | | |
| | Amount: | | | | | |
| | Date: | | | | | |
| | Member Number: | | | | | |
| | Amount: | | | | | |
| Accumulation Withdrawals: | Date: | | | | | |
| | Member Number: | | | | | |
| | Amount: | | | | | |
| | Date: | | | | | |
| | Member Number: | | | | | |
| | Amount: | | | | | |
| TRIS Non-Ret Phase Pension Payments: | Date: | | | | | |
| | Member Number: | | | | | |
| | Amount: | | | | | |
| | Date: | | | | | |
| | Member Number: | | | | | |
| | Amount: | | | | | |
| ABP Pension Payments: | Date: | | | | | |
| | Member Number: | | | | | |
| | Amount: | | | | | |
| | Date: | | | | | |

| | | | | | | | |
|----------------------------------|----------------|--|--|--|--|--|--|
| | Member Number: | | | | | | |
| | Amount: | | | | | | |
| ABP Pension Commutations: | Date: | | | | | | |
| | Member Number: | | | | | | |
| | Amount: | | | | | | |
| | Date: | | | | | | |
| | Member Number: | | | | | | |
| | Amount: | | | | | | |
| TRIS Ret-Phase Pension Payments: | Date: | | | | | | |
| | Member Number: | | | | | | |
| | Amount: | | | | | | |
| | Date: | | | | | | |
| | Member Number: | | | | | | |
| | Amount: | | | | | | |

INTERNAL TRANSFERS IN FINANCIAL YEAR:

| | Transfer 1: | Transfer 2: | Transfer 3: | Transfer 4: | Transfer 5: | Transfer 6: | Transfer 7: |
|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Date: | | | | | | | |
| From Account: | | | | | | | |
| To Account: | | | | | | | |
| Amount: | | | | | | | |
| Left in From Account: | | | | | | | |

COMMENTS:

Please email the completed data form to Brian@NetActuary.com.au For any assistance required please phone 03-9028 5002.