

Additional SMSF Contributions Declaration Form



Name of Member

Name of Super Fund

We act as the Accountant/Financial Advisor/Financial Planner for the above-mentioned entity.

Based on our discussion and information provided by the fund member, we confirm that the member has the capacity and will contribute an additional \$ Weekly Fortnightly Monthly Annually to the Self-Managed Superannuation Fund, and the Trustee understands should the contributions exceed income thresholds the tax implications.

The fund member has had the capacity to do this for the last 2 years. *(Tick if applicable)**

This is based on information provided by our client and our records, which we believe to be true and accurate.

Should you require any additional information or clarification, please do not hesitate to contact the undersigned.

Name

Firm name

Email

Phone

Accountant/Financial Advisor/Financial Planner Signature

Date

Member Signature

Date

*Loan LVR >80%