

# Transfer of ownership – Statutory Declaration for SMSF

## Corporate Trustees

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### 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));

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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 MLC Life Insurance 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).

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## 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))*

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*(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>

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## Send us your form

Please mail your completed, signed and dated form to:

**MLC Life Insurance  
Operations  
PO Box 23455  
Docklands VIC 3008**

**Email: [enquiries.retail@mlcinsurance.com.au](mailto:enquiries.retail@mlcinsurance.com.au)**

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