

Application for Recognition as a CA SMSF Specialist

(Regulation CR6/1403)



This form is to be completed by members wishing to apply to become a **CA SMSF Specialist**. Additional information can be found at www.charteredaccountantsanz.com/learning-and-events/specialisations/smsf
 Applicants should read CA ANZ's regulation CR6A prior to completing this application. The regulation can be accessed at www.charteredaccountantsanz.com/member-services/member-obligations/regulations-and-guidance

CA ANZ USE ONLY:

Application received date

 / /

Approved Declined

Date / /

Please complete **ALL** sections and submit to Chartered Accountants Australia and New Zealand as indicated in **section 7**.

Please print in **BLOCK LETTERS**.

Section 1 – Personal details

Title Mr Mrs Miss Ms Other Member Number

Given name/s (in full) Family name

Preferred name When did you become a member (year)?

Section 2 – Contact details

PERSONAL CONTACT DETAILS

Street address Suburb/City

State Postcode Country

PO Box address Suburb/City

State Postcode Country

Email (home)

Phone (home) Mobile

BUSINESS CONTACT DETAILS

Company name

Position title

Street address Suburb/City

State Postcode Country

PO Box address Suburb/City

State Postcode Country

Email (business)

Phone (business) Mobile

PREFERRED CONTACT DETAILS

Postal address: Home street address Home PO Box address Business street address Business PO Box address

Email address: Home Business

Section 3 – Criteria/requirements

In line with **CR6/1405**, an Individual Member applying for specialisation must meet the specific service pre-requisites required for the specialisation for which they are applying.

Regulation **CR6A** (Regulations relating to Self Managed Superannuation Funds Specialisation) recognises those Individual Members who have undertaken specific relevant study and gained experience in self managed

superannuation funds, to such a level that they are recognised as having specialist skills in the field.

In satisfying the educational component of the SMSF Specialisation, there are **two** alternative pathways, namely **PATHWAY 1** and **PATHWAY 2**, depending on the level of self managed superannuation fund experience held. These are outlined below in Part A.

Please select the relevant pathway from **Part A**, then complete the details of your references in **Part B**.

A. PATHWAY SELECTION

PATHWAY 1 – SPECIALISATION VIA EDUCATION AND PRACTICAL EXPERIENCE

In accordance with CR6A/1501 an individual member applying for recognition as a CA SMSF Specialist will be required to:

- Undertake study through an award program approved by Chartered Accountants Australia and New Zealand for the purposes of specialisation.
- Provide a **certified copy** of the qualification.
- Provide a **certified copy** of the academic transcript related to the qualification which details the subjects undertaken and their successful completion (**CR6A/1501.1**). These subjects must incorporate Taxation of Superannuation, Self Managed Superannuation Funds Law and Taxation Strategies in Financial Planning.
- Have successfully completed the specified subjects within the past five 5 years prior to date of application (**CR6A/1501.2**). Please provide details in **section (i)** below to support this.
- Have a minimum of two (2) years practical experience within the previous five (5) years, where at least 40% of their employment was related to Self Managed Superannuation Funds (**CR6A/1502**). Please provide details in **section (ii)** below to support this.

This is the identified pathway Yes No → If you selected 'Yes' for **PATHWAY 1**, please complete sections (i) and (ii) below.

i. EDUCATION HISTORY

Please outline the details of your educational history below. A **certified copy** of the qualification and related academic transcript must be attached to this application. (Please attach additional pages to this application if space provided is insufficient.)

Name of Award	<input type="text"/>		
Name of University/ training provider	<input type="text"/>		
Successful completion of:	<input type="checkbox"/> Taxation of Superannuation	→ Date completed	<input type="text" value="/ /"/>
	<input type="checkbox"/> Self Managed Superannuation Funds Law	→ Date completed	<input type="text" value="/ /"/>
	<input type="checkbox"/> Taxation Strategies in Financial Planning	→ Date completed	<input type="text" value="/ /"/>

ii. EXPERIENCE

Please outline the details of your practical experience below. (Please attach additional pages to this application if space provided is insufficient.)

Company name	<input type="text"/>		
Company street address	<input type="text"/>	City/Town	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		
Position title	<input type="text"/>		
Position activities	<input type="text"/>		
Employment type	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	→ at <input type="text"/> hours per week
Duration of employment (dd/mm/yy)	<input type="text" value="/ /"/>	to	<input type="text" value="/ /"/> = <input type="text"/> Years / <input type="text"/> Months
Firm type	<input type="checkbox"/> Chartered	<input type="checkbox"/> CPA	<input type="checkbox"/> Public Accounting
	<input type="checkbox"/> Commerce	<input type="checkbox"/> Other	→ <input type="text"/>

Company name

Company street address City/Town

State Postcode Country

Position title

Position activities

Employment type Full time Part time at hours per week

Duration of employment (dd/mm/yy) / / to / / = /
Years Months

Firm type Chartered CPA Public Accounting Commerce Other

PATHWAY 2 – SPECIALISATION VIA WORKSHOP AND PRACTICAL EXPERIENCE

In accordance with CR6A/1503 an individual member applying for recognition as a CA SMSF Specialist will be required to:

- Complete a workshop as specified by Chartered Accountants Australia and New Zealand and successfully complete the assessment component.
- Provide **copy of the certificate** as evidence of their successful completion of the workshop and assessment (**CR6A/1503.1**).
- Have successfully completed the workshop and assessment within the last five (5) years (**CR6A/1503.2**). Please provide details in **section (i)** below to support this.
- Have a minimum of four (4) years practical experience within the previous ten (10) years, where at least 40% of their employment was related to self managed superannuation funds (**CR6A/1504**). Please provide details in **section (ii)** below to support this.

This is the identified pathway Yes No If you selected 'Yes' for **PATHWAY 2**, please complete sections (i) and (ii) below.

i. EDUCATION HISTORY

Please outline the details of your educational history below. A **copy of the certificate** as evidence of their successful completion of the workshop and assessment must be attached to this application.

Name of workshop

Name of University/ training provider

Date completed on / /

ii. EXPERIENCE

Please outline the details of your practical experience below. (Please attach additional pages to this application if space provided is insufficient.)

Company name

Company street address City/Town

State Postcode Country

Position title

Position activities

Employment type Full time Part time at hours per week

Duration of employment (dd/mm/yy) / / to / / = /
Years Months

Firm type Chartered CPA Public Accounting Commerce Other

Company name

Company street address City/Town

State Postcode Country

Position title

Position activities

Employment type Full time Part time at hours per week

Duration of employment (dd/mm/yy) / / to / / = /
Years Months

Firm type Chartered CPA Public Accounting Commerce Other

B. REFERENCES

Important reference/referee information

In accordance with CR6A/1505, **two written** references must be provided in support of the application for specialisation. It should be noted that:

- At least **one** of the references must be from a **CA** with 3 years membership or more who has known the applicant for 12 months or more (**CR6A/1505.1**).
- At least **one** of the references must attest to the individual member's skills and knowledge in superannuation and/or self managed superannuation funds (**CR6A/1505.2**).
- **One** of the references should be from a person **outside the organisation**.
- References should **not** be from a **family member** or **employee** of the applicant.
- The reference must be prepared by the **referee themselves** and should **not** be a 'form' letter that is simply signed by the referee. NOTE: An electronic signature is permitted for the Referee's Report.

Please supply the names of the references you are attaching to support your application.

REFERENCE 1

Name of referee

Current position

Company name

Contact number Mobile

REFERENCE 2

Name of referee

Current position

Company name

Contact number Mobile

Section 4 – Declaration

By signing below you declare, consent, agree and accept each of the following:

1. I declare that the information provided in this application is true and correct.
2. I agree to produce such further evidence and information in relation to this application as may be required by Chartered Accountants Australia and New Zealand.
3. I agree to be bound by the decision of Chartered Accountants Australia and New Zealand subject to my rights of appeal.
4. If my application is accepted, I undertake to satisfy the ongoing training and development in accordance with **CR6/1414. CR6A/1506 & CR6A/1507.**
5. If my application is accepted, I agree to participate in a peer review, when requested by Chartered Accountants Australia and New Zealand and pay any associated fee, as prescribed by Chartered Accountants Australia and New Zealand in accordance with **CR6/1416 & CR6A/1508.**
6. If my application is accepted, I agree to participate in a peer review, as a reviewer, when requested by Chartered Accountants Australia and New Zealand in accordance with **CR6/1417 & CR6A/1509.**
7. Unless I have indicated to the contrary by ticking the box below, I consent to my details which I have provided to Chartered Accountants Australia and New Zealand, and any changes to those details, being published by Chartered Accountants Australia and New Zealand (including on a website) for the purposes of identifying me as a CA SMSF Specialist.
 - I do not consent to my details which I have provided to Chartered Accountants Australia and New Zealand being published by Chartered Accountants Australia and New Zealand for the purposes of identifying me as a CA SMSF Specialist.
8. I declare that I satisfy the relevant practical experience requirements, where at least 40% of my employment is related to self managed superannuation funds, in accordance with **CR6A/1502 or CR6A/1504.**

Signature

Date

Section 5 – Privacy

PRIVACY STATEMENT

By providing personal information to us in this form you consent to Chartered Accountants ANZ (all boxes must be ticked in order for Chartered Accountants ANZ to progress your application):

- (a) using and disclosing your personal information in accordance with our Privacy Policy, available at www.charteredaccountantsanz.com/privacy;
- (b) disclosing to third parties your (current or former) status as a member of Chartered Accountants ANZ;
- (c) disclosing to regulators, law enforcement bodies, professional associations and government or statutory bodies the details of any final adverse determinations (including sanctions) in relation to your professional and/or ethical conduct that are made by the Disciplinary Tribunals or Appeal Tribunals (or their predecessor bodies, as they may be reconstituted or renamed from time to time); and
- (d) collecting from third parties information relating to your membership of a trade or professional association or union, your criminal record (if any), your health, religious, religious beliefs or affiliations, racial or ethnic origin and any other sensitive information to the extent that it is reasonably necessary for one more of the functions or activities of Chartered Accountants ANZ.

We collect, use and disclose your personal information in connection with your application, the management and administration of members and/or programs, the provision of products and services and/or to communicate with you. If you do not provide your personal information, we may be unable to process your application. We may disclose your information to agents, contractors and service providers such as where we outsource functions and to other third parties such as local and international professional bodies, ASIC, the Companies Office, and other regulators and government and statutory bodies. By completing this form, unless you opt-out, you consent to us also using and disclosing your information for promotional and marketing purposes. You can opt-out by contacting us at privacy@charteredaccountantsanz.com or on 1300 137 322 in Australia or 0800 469 422 in New Zealand. We may also have collected information about you from a third party. It is likely that your personal information will be disclosed to overseas recipients (as provided in our Privacy Policy, including the location of those entities). The Privacy Policy sets out how Chartered Accountants ANZ handles your personal information including how you can seek to access and correct your information or raise a privacy concern with us and how it will be dealt with as well as details about the disclosure of your information to entities overseas. By providing us with your information, you consent to us using, disclosing and otherwise handling your information as set out above and in that Privacy Policy.

Section 6 – Fee and Payment details

i. Fees:

• Application fee

An Application fee of \$220 is payable for **approved applications only**.

• Specialist membership fees

The specialist membership fee is based on a financial year (July to June). A pro-rata fee applies if the application is approved in any month other than July (see table below).

		JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Fee Payable	AU\$ (incl GST)	264.00	242.00	220.00	198.00	176.00	154.00	132.00	110.00	88.00	66.00	44.00	22.00

Yes, I authorise Chartered Accountants Australia and New Zealand to deduct the appropriate fees from my credit card. (see payment details provided below)

ii. Payable by:

Chartered Accountants Amex

Amex Visa Mastercard Diners Club

Card number / /

Expiry date /

Cardholder name

Cardholder signature

Section 7 – Checklist

I have completed: (please cross)

All the applicable sections (1–5)

I have provided/attached the following: (please cross)

Payment authorisation/payment for the application

Original certified copy of the qualification and related academic transcript detailing subjects undertaken and their successful completion (PATHWAY 1, if applicable)

Certificate as evidence of successful completion of workshop and assessment (PATHWAY 2, if applicable)

Additional evidence of practical experience (if available)

Referee Report No. 1

Referee Report No. 2

Section 8 – Submitting your application form

Please submit your completed application form/supporting documents with payment to:

EMAIL assessment@charteredaccountantsanz.com

OR



If you have a 'digital signature' simply click the **submit button**

For further enquiries or additional information please contact the Chartered Accountants Service Centre on:

EMAIL service@charteredaccountantsanz.com

PHONE [AUSTRALIA 1300 137 322](tel:+61292905660) [OVERSEAS +61 2 9290 5660](tel:+61292905660)

WEBSITE www.charteredaccountantsanz.com

Application for recognition as a CA SMSF Specialist

Referee report form



This form will support the application for recognition as a CA SMSF Specialist. **Please print in BLOCK LETTERS.**

Section 1 – Applicant's details

Title Mr Mrs Miss Ms Other

Given name/s (in full) Family name

Company name

Section 2 – Referee's details

Important information for referees

Chartered Accountants Australia and New Zealand has established a SMSF Specialisation to recognise, support and promote Chartered Accountants offering quality self managed super fund services to clients.

The Specialisation will also be a mechanism through which Chartered Accountants Australia and New Zealand demonstrates leadership in the industry.

The reference must be **prepared by the referee themselves.**

The reference should not be a 'form' letter that is simply signed by the referee.

Members need to demonstrate a minimum amount of practical self managed super fund experience.

This requirement varies depending on their experience and thus the chosen Pathway for this application. If the experience includes a:

- Minimum of two (2) years practical experience within the previous five (5) years, where at least 40% of employment is related to self managed super funds, then **Pathway 1** applies
- Minimum of four (4) years practical experience within the previous ten (10) years, where at least 40% of employment is related to self managed super funds, then **Pathway 2** applies.

REFEREE'S PERSONAL DETAILS

Title Mr Mrs Miss Ms Other

Given name/s (in full) Member Number (where applicable)

Family name

REFEREE'S BUSINESS DETAILS

Company name

Position title

Company address City/Town

State Postcode Country

Email (business)

Phone (business) Fax (business) Mobile

MEMBERSHIP OF OTHER RELEVANT ORGANISATIONS

NAME OF ORGANISATION	MEMBER NUMBER	LEVEL OF MEMBERSHIP	YEARS AS A MEMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

QUALIFICATIONS

INSTITUTION	COURSE/QUALIFICATION	COMPLETED

APPLICANT

Relation to applicant

(NOTE: Reference can **not** be from a family member or employee)Period of time the applicant has been involved in the area of self managed superannuation funds: years.

Please comment on the applicant's skills, knowledge and experience in self managed superannuation funds as well as their character and reputation.

Please also provide an outline of the applicant's involvement in self managed super fund work.

PLEASE SIGN AND DATE

I certify that the information given above is true and correct.

Signature

Date

 / /
ANY QUESTIONS If you require any assistance or information about the SMSF Specialisation Program, you can contact the Customer Service Centre at:**EMAIL** service@charteredaccountantsanz.com**PHONE** **AUSTRALIA** 1300 137 322 (inside Australia) **NEW ZEALAND** 0800 469 422 (inside New Zealand) **OVERSEAS** +61 2 9290 5660 (outside of Australia)

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REFEREE'S PERSONAL DETAILS

Title Mr Mrs Miss Ms Other

Given name/s (in full) Member Number (where applicable)

Family name

REFEREE'S BUSINESS DETAILS

Company name

Position title

Company address City/Town

State Postcode Country

Email (business)

Phone (business) Fax (business) Mobile

MEMBERSHIP OF OTHER RELEVANT ORGANISATIONS

NAME OF ORGANISATION	MEMBER NUMBER	LEVEL OF MEMBERSHIP	YEARS AS A MEMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

QUALIFICATIONS

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PLEASE SIGN AND DATE

I certify that the information given above is true and correct.

Signature

Date

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