

SMSF BARE TRUST – ORDER FORM

SMSF FUND NAME:.....

- Please provide:
- Bare Trust/Nomination Documents
 - Fully Bound Bare Trust Register
 - New Super Fund (if the SMSF does not already exist)
 - SMSF Rules Update (most lenders require specific clauses in your SMSF rules)
 - New Company as SMSF Trustee (if setting up a fund with a new corporate trustee)
 - New Company as Security (Bare) Trustee
 - Loan Agreement (where there is a non arms length loan to be set up)
 - Change to trustees of SMSF (to corporate trustee)

DETAILS OF PROPERTY BEING PURCHASED:

Address:
Town: State: Postcode:

CORPORATE SECURITY (BARE) TRUSTEE DETAILS (if any)

Name of Trustee:
A.C.N.:
Registered Office Address: C/- Applicant or
Town: State:Postcode:
Principal Place of Business: Same as Registered Office: : Same as 1st Individual shown below:

LENDERS DETAILS

NAB The Rock Bendigo Westpac St George Other (details below)

Name of Lender:
A.C.N.:
Address:
Town: State: Postcode:
Initial Loan Amount: \$

SMSF CORPORATE TRUSTEE DETAILS (if any)

Name of Trustee:
A.C.N.:
Registered Office Address: C/- Applicant or
Town: State:Postcode:
Principal Place of Business: Same as Registered Office: : Same as 1st Individual shown below:

ASSOCIATED INDIVIDUALS

In this section please include
All the members or directors of the trustee company of the SMSF
All the directors of the Security Trustee

Only complete Date of Birth, Place of Birth & Director's consents if setting up a trustee company as part of this order

Full Name:

Address:

Town: State: Postcode:

SMSF trustee/director of trustee: : Security trust/Director of security trustee: .. Loan Guarantor
(Is this person a trustee of the SMSF) (Is this person a security trustee) (If guaranteeing the loan)

Date of Birth:/...../..... Place of Birth:(Town/City and State)

I hereby consent to act as a director / secretary / shareholder of the company

.....(Signature)

Full Name:

Address:

Town: State: Postcode:

SMSF trustee/director of trustee: : Security trust/Director of security trustee: .. Loan Guarantor
(Is this person a trustee of the SMSF) (Is this person a security trustee) (If guaranteeing the loan)

Date of Birth:/...../..... Place of Birth:(Town/City and State)

I hereby consent to act as a director / secretary / shareholder of the company

.....(Signature)

Full Name:

Address:

Town: State: Postcode:

SMSF trustee/director of trustee: : Security trust/Director of security trustee: .. Loan Guarantor
(Is this person a trustee of the SMSF) (Is this person a security trustee) (If guaranteeing the loan)

Date of Birth:/...../..... Place of Birth:(Town/City and State)

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Full Name:

Address:

Town: State: Postcode:

SMSF trustee/director of trustee: : Security trust/Director of security trustee: .. Loan Guarantor
 (Is this person a trustee of the SMSF) (Is this person a security trustee) (If guaranteeing the loan)

Date of Birth:/...../..... Place of Birth:(Town/City and State)

I hereby consent to act as a director / secretary / shareholder of the company

.....(Signature)

To David Garry & Associates: You are appointed to act as our agent to procure a Trust Deed and ancillary legal documentation from a solicitor, the particulars for such trust deed and legal documents being set out hereinbefore. In consideration for you acting as our agent, payment of solicitors costs, attending to compilation of materials in a register and delivery of same we shall pay you such amounts as agreed.

Disclaimer – We do not provide legal, accounting, financial or stamp duty advice and therefore take no responsibility for your taxation, legal or other liabilities which may arise from the work we perform on your instructions. We urge you to first obtain legal and accounting advice in relation to your affairs and in particular this transaction.

APPLICANT DETAILS (FIRM):.....

CONTACT PERSON:PH:.....FAX:.....

FULL ADDRESS:.....

EMAIL: SIGNATURE:..... DATE:/...../.....

ADDITIONAL NOTES AND/OR INSTRUCTIONS:

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PAYMENT REQUIRED WITH ORDER

Amount \$.....

Direct Deposit / EFT

Bank/Branch: ANZ Grenfell St Adelaide
 BSB: 015-010 Account: 9002 61003

Date Deposited/Transferred
/...../.....

MasterCard

Visa

Card Number:.....Expiry Date:.....

Name of Cardholder:.....Signature.....