

Form Type: Complete Structure – with one (1) x New Corporate Trustee

Use this Form where you wish to order a new SMSF Trust and a Bare Trust plus one new Corporate Trustee.
N.B. You must either have an existing Company that you are using for the other Trustee or identify Individual Trustee/s.

To SMSF Loans Pty Limited: You are appointed to act as our agent to procure Trust Deeds and ancillary legal documentation from a solicitor, the particulars for such Trust Deeds and legal documents being set out hereunder. This authority for creation of an agency extends to all agents of SMSF Loans Pty Limited. In consideration for you acting as our agent we shall pay you such amount as specified in your invoice prior to you commencing any work.

Signed: Dated:

Fund Name:

(Insert the Preferred Name for your new Self Managed Superannuation Fund)

Date of Documents: Leave Undated Today's Date Future Date
 (Specify Date)

Delivery Details for SMSF & Company Registers:

Street Address:

Town / Suburb: State: Postcode:

Phone

Details of Property Being Purchased

Address:

Town / Suburb: State: Postcode:

Corporate Security (Bare) Trustee Details: To be incorporated as part of this order **YES / NO**

Name of Trustee: A.C.N.
 (Preferred name of Corporate Trustee – if not already existing) (Leave Blank if new company)

Registered Office:

Town / Suburb: State: Postcode:

Occupiers Name:
 (Where this Company does not occupy the Registered Office – otherwise leave blank)

Principal Place of Business:
 (Leave Blank if Reg'd Office)

Town / Suburb: State: Postcode:

Lender's Details

Name of Lender Westpac NAB St George I-Loan CBA Other (please detail below)

Loan Amount: \$

SMSF Corporate Trustee Details: To be incorporated as part of this order **YES / NO**

Name of Trustee: _____ A.C.N. _____
(Preferred name of Corporate Trustee – if not already existing) (Leave Blank if new company)

Registered Office: _____

Town / Suburb: _____ State: _____ Postcode: _____

Occupiers Name: _____
(Where this Company does not occupy the Registered Office – otherwise leave blank)

Principal Place of Business: _____
(Leave Blank if Reg'd Office)

Town / Suburb: _____ State: _____ Postcode: _____

ASSOCIATED INDIVIDUALS

In this section please include all the Members and Directors of the SMSF and Trustee Company **and** all of the Directors of the Security (Bare) Trustee or any persons acting as Individual Trustees of either the SMSF Trust or Bare Trust.

Only complete DOB, Place of Birth & Director's Consents for the Corporate Trustee that forms part of this order

Name: _____ D.O.B. _____
(Full Legal Name)

Address: _____

Town / Suburb: _____ State: _____ Postcode: _____

Place of Birth (Town/State/Country): _____

I hereby consent to act as a director / secretary / shareholder of the company _____
(signature)

Tick all of the following that apply to this Individual:

- Member of SMSF SMSF Trustee / Director of Trustee Security trustee / Director of Trustee

Name: _____ D.O.B. _____
(Full Legal Name)

Address: _____

Town / Suburb: _____ State: _____ Postcode: _____

Place of Birth (Town/State/Country): _____

I hereby consent to act as a director / secretary / shareholder of the company _____
(signature)

Tick all of the following that apply to this Individual:

- Member of SMSF SMSF Trustee / Director of Trustee Security Trustee / Director of Trustee

More Associated Individuals attached (tick if Yes)

SMSF – COMPLETE STRUCTURE - ADDITIONAL INDIVIDUALS

Name of Fund

Name: D.O.B.
(Full Legal Name)

Address:

Town / Suburb: State: Postcode:

Place of Birth (Town/State/Country):

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

Tick all of the following that apply to this Individual:

Member of SMSF SMSF Trustee / Director of Trustee Security trustee / Director of Trustee

Name: D.O.B.
(Full Legal Name)

Address:

Town / Suburb: State: Postcode:

Place of Birth (Town/State/Country):

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

Tick all of the following that apply to this Individual:

Member of SMSF SMSF Trustee / Director of Trustee Security trustee / Director of Trustee

Name: D.O.B.
(Full Legal Name)

Address:

Town / Suburb: State: Postcode:

Place of Birth (Town/State/Country):

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

Tick all of the following that apply to this Individual:

Member of SMSF SMSF Trustee / Director of Trustee Security trustee / Director of Trustee

More Associated Individuals attached (tick if Yes)

DO NOT SEND THIS PAGE – FOR YOUR INFORMATION ONLY

Self Managed Superannuation Fund - Trustee & Member Requirements

	Single Member	2 - 4 Members
Corporate Trustee	Member must be a director Can have 2nd director but not compulsory 2nd director can't be an employer of the member unless the 2nd director is related to member	All members must be directors All directors must be members No member can be an employee of another member unless the members are related
Individual Trustees	Must have two individual trustees Member must be one of the trustees 2nd trustee can't be an employer of the member unless the 2nd trustee is related to the member	All members must be trustees All trustees must be members No member can be an employee of another member unless the members are related

For more information visit www.ato.gov.au/super

Section 17A of the Superannuation Industry (Supervision) Act 1993 provides the definition of a Self Managed Superannuation Fund

Please send this order to: SMSF Loans Pty Limited

Fax: 02 4958 2921

Email: info@smsfloan.com.au

Post: PO Box 109 Boolaroo NSW 2284