

Campaign Code (if applicable)

THE SERVICE

About the service

A fully integrated, flexible and comprehensive SMSF borrowing arrangement documentation service for the purchase of property by your SMSF which includes:

- Trustee Resolution
- Member Resolution
- Property Trust
- Agency Agreement
- Bare Trust Deed

For more information

If you have any questions about the service or completing this form

Visit our website www.superconcepts.com.au

Call us on 1300 023 170

Email us at trusteeservices@superconcepts.com.au

APPLYING FOR THE SERVICE

Complete this form

➡ Please write clearly and use black pen to complete the form.

➡ Please mark boxes like this with a ✓ or X.

➡ Where you see a box like this skip to the section shown.

➡ Please ensure that you complete all required sections, provide all supporting documents and have signed and dated this form.

Return this form

Please check to ensure that you have answered all required sections, provided supporting documents and signed and dated this form.

By mail: SuperConcepts

By email: trusteeservices@superconcepts.com.au

GPO Box 9981, Adelaide SA 5001

1. FUND DETAILS

Fund name

Fund ABN

 - - -

Fund establishment date

SuperConcepts Fund ID

2. FUND TRUSTEE DETAILS

Individual Trustee/s - Go to **section 4**

or

Existing Trustee Company - Go to **section 3**

3. EXISTING FUND TRUSTEE COMPANY DETAILS

Full company name

ACN - -

Please attach a copy of the current ASIC company statement to confirm Directors and registered office details.

4. FUND STRUCTURE

TRUSTEE 1 Individual Trustee or Director of Trustee Company

Name

Residential Address

TRUSTEE 2 Individual Trustee or Director of Trustee Company

Name

Residential Address

TRUSTEE 3 Individual Trustee or Director of Trustee Company

Name

Residential Address

TRUSTEE 4 Individual Trustee or Director of Trustee Company

Name

Residential Address

5. HOLDING TRUSTEE DETAILS

Important: The Holding Trustee/s cannot be the same individuals/company as the SMSF Trustee/s. Should you require a Corporate Trustee to be set up to act as the SMSF Trustee, please complete the Fund Restructure Application Form.

Individual Trustee/s - Go to **section 8**

Existing Trustee Company - Go to **section 6**

New Trustee Company - Go to **section 7**

6. EXISTING COMPANY TO ACT AS HOLDING TRUSTEE COMPANY

Your SMSF Trustee Company cannot be the Holding Trustee. If you would like to establish a new company to act as Holding Trustee, please complete **section 7**.

Full Company Name

ACN - -

Registered office address

Go to **section 8**

7. ESTABLISHING A NEW COMPANY TO ACT AS HOLDING TRUSTEE

Please do not use this service if you wish to order a Company for purposes other than to act as Holding Trustee.

- It is your responsibility to ensure that your company name does not conflict with any existing company name, business name, trade mark or domain name. Please refer to the ASIC Check Name Availability Search and to IP Australia's Trade Mark On-line Search System for assistance.
- If the preferred company name is identical to that of an Australian registered business and the owner(s) of that business is one of the Directors below, the business number and registered state must be supplied in order to complete incorporation.
- The Company will be registered with ASIC as Propriety Limited Company.
- All Directors will be issued with ten (10) Ordinary Shares as standard unless otherwise advised.
- A Company Seal will not be issued (not required under the *Corporations Act 2001*).
- Each person must provide their written consent to act as a Director and Shareholder prior to appointment (provided for on this Order Form).
- All directors of a SMSF corporate trustee (special purpose company), are required to obtain a Director Identification Number (director ID) before being appointed as Director. Please ensure each individual has obtained their director ID through myGovID and provided this where requested before submitting your application.

| | | | |
|----------------------------|--|-----------------------|--|
| Preferred company name | <input type="text"/> | | |
| Alternate preferred name | <input type="text"/> | | |
| Registered business number | <input type="text"/> | State of registration | <input type="text" value="Please select"/> |
| Registered office address | <input type="text"/> | | |
| Name of occupier | <input type="text"/> | | |
| Principal business address | <input type="text"/> | | |
| | <input type="button" value="Go to section 8"/> | | |

8. HOLDING TRUSTEE DETAILS

Please provide details for each individual/director to be associated with the Holding Trust.

By signing, each Trustee nominated in Section 8, consents to act as Director of the Company.

| | | | |
|---|---|--|--|
| HOLDING TRUSTEE 1 | <input type="checkbox"/> Individual Trustee | <input type="checkbox"/> Director of Company | |
| Name | <input type="text"/> | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Phone <input type="text"/> | Date of birth <input type="text"/> |
| Place of birth | City <input type="text"/> | State <input type="text"/> | Country <input type="text" value="Please select"/> |
| Director ID | <input type="text"/> | | |
| Residential address | <input type="text"/> | | |
| Email | <input type="text"/> | | |
| Type and quantity of Shares to be issued if standard allocation listed in section 7 is not suitable | <input type="text"/> | | |
| Signature | <input type="text" value="X"/> | Note: A signature is only required if a New Holding Trustee Company is being established in section 7. | |

| | | | |
|---|---|--|--|
| HOLDING TRUSTEE 2 | <input type="checkbox"/> Individual Trustee | <input type="checkbox"/> Director of Company | |
| Name | <input type="text"/> | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Phone <input type="text"/> | Date of birth <input type="text"/> |
| Place of birth | City <input type="text"/> | State <input type="text"/> | Country <input type="text" value="Please select"/> |
| Director ID | <input type="text"/> | | |
| Residential address | <input type="text"/> | | |
| Email | <input type="text"/> | | |
| Type and quantity of Shares to be issued if standard allocation listed in section 7 is not suitable | <input type="text"/> | | |
| Signature | <input type="text" value="X"/> | Note: A signature is only required if a New Holding Trustee Company is being established in section 7. | |

8. HOLDING TRUSTEE DETAILS (CONTINUED)

HOLDING TRUSTEE 3 Individual Trustee Director of Company

Name

Gender Male Female **Phone** **Date of birth**

Place of birth City State Country

Director ID

Residential address

Email

Type and quantity of Shares to be issued if standard allocation listed in section 7 is not suitable

Signature **Note:** A signature is **only** required if a New Holding Trustee Company is being established in section 7.

HOLDING TRUSTEE 4 Individual Trustee Director of Company

Name

Gender Male Female **Phone** **Date of birth**

Place of birth City State Country

Director ID

Residential address

Email

Type and quantity of Shares to be issued if standard allocation listed in section 7 is not suitable

Signature **Note:** A signature is **only** required if a New Holding Trustee Company is being established in section 7.

9. PROPERTY DETAILS

Type of Property Residential Commercial Rural

Address

Purchase Price \$ **Title Reference** (refer to purchase contract)

Please provide the purchase contract — States have different requirements in the Title Reference.

Is this an off the plan purchase? Yes No

Are you purchasing 100% of the property? Yes No If no, please confirm the percentage %

Full Vendor Name(s)

ACN (if applicable) - -

10. LOAN DETAILS

Is this the only loan being used to acquire the property?

Yes No

If no, please specify

Are there any other mortgages on this property?

Yes No

If yes, please specify

Is the vendor associated, related or connected with the Fund in any way?

Yes No

If yes, please describe the relationship

Proposed Bare Trust Name

Commercial Lender

Please complete if you are borrowing from a financial institution.

Once this application has been submitted and processed, the application fee is not refundable where the acquisition of the specified asset does not proceed. The trustees are responsible for obtaining finance approval and ensuring finance is available at the time of settlement. SuperConcepts is not able to assist in obtaining finance.

Lender Name

Go to [section 11](#)

Related Party Loan

Please complete if a related party (e.g. member, member family trust or company) is the lender.

The terms of the loan agreement will be per the ATO safeharbour guidelines for limited recourse borrowing arrangements. It is the lender's responsibility to register a charge over the asset. Where the trustees choose to use different loan terms, these can be specified below. Trustees must be able to provide supporting evidence to demonstrate these terms are commercial. SuperConcepts does not take any responsibility should the Regulator take a different view about the terms of the loan.

Lender Name(s)

Lender Company
(if applicable)

ACN (if applicable)

 - -

Lender Address

Amount to be borrowed

\$

Period of loan

yrs

Initial Interest Rate

%

Fixed

Variable

Principal and interest

Interest Only

Default Interest Rate (please specify the number of basis points above the RBA cash rate)

bps

Is this a Div. 7A loan?

Yes No

11. FEES (prices quoted are inclusive of GST)

| | Fees |
|--|----------------------------------|
| Commercial Lender | <input type="checkbox"/> \$880 |
| Related Party Lender | <input type="checkbox"/> \$1,540 |
| Custodian Trustee Company Incorporation | <input type="checkbox"/> \$990 |
| Optional – Hard copy delivery of documents <i>We provide an electronic copy of the kit free of charge. Please indicate if you would like an additional hard copy format.</i> | <input type="checkbox"/> \$50 |

12. PAYMENT DETAILS

Please note: If you are an existing administration client of SuperConcepts we will invoice your fund directly. If SuperConcepts is not your administrator, we require payment upfront before proceeding with the request. Non-Administration clients must indicate their preferred payment method below.

Credit Card payment

We will call you once you have submitted the application to arrange payment over the phone.

Please note, this expense can be reimbursed from the fund.

Electronic Funds Transfer (EFT) – Please provide a copy of the payment confirmation receipt (**Please note:** Non-Administration clients must contact our office to arrange payment via EFT)

Account name: SMSF Administration Solutions Pty Ltd
BSB: 012-003
Account number: 496317377
Please quote: Your Superannuation Fund Name

13. PRIMARY CONTACT DETAILS

These details will be used for all correspondence, contact, delivery and billing purposes.

Trustee

Nominated representative e.g. Adviser (please specify below)

Name

Company

Dealer group

Address

Postal address

Phone

Mobile

Fax

Email

14. CHECKLIST

Before submitting your application, please ensure you have:

- Attached a copy of the current ASIC statement for your Fund Trustee Company (if you answered “Existing Trustee Company” in **section 3**)
- If you are establishing a New Holding Trustee Company, that all member details sections are complete with each member signing against their details (refer to **section 8**)
- If you are setting up a New SMSF Trustee Company please include the Fund Restructure forms
- Attached a copy of the current ASIC statement for your Holding Trustee Company (if you answered “Existing Company” in **section 6**)
- Attached a copy of the Contract of Sale (if you have completed **section 9**)
- Included payment details (refer to **section 12**)
- Ensure each Director has provided their individual Director ID.

Important Note: Providing incomplete details will delay the processing of your application. Please ensure that you have completed all relevant sections and provided all additional information where required.

15. PRIVACY NOTICE

We collect personal information from you, from other members of the fund or from a financial planner or broker. We collect your name, contact information, date and place of birth, and your gender.

We collect your personal information to provide SMSF administration services. We also collect and use your personal information for direct marketing purposes.

We may be required by law to collect your personal information. Various financial services laws may apply and include Corporations, Superannuation and Taxation Law.

Besides our staff, we share this information with:

- external service providers who both here and overseas, the countries where they are likely to be located can be accessed via our privacy policy
- regulators such as the ATO
- other members of your fund, your financial planner or broker (if any)
- anyone else you authorise or if required by law.

Providing some information is optional. If you choose not to provide required personal information, we'll be unable to provide the services you are applying for.

Our privacy policy available at superconcepts.com.au/privacy explains how you can access or update your personal information or make a complaint about a breach or potential breach of our privacy obligations. You can contact us at 1300 023 170.

16. DECLARATION

By signing below, I, on behalf of the trustees of the Fund:

- declare that I am authorised to make declarations on behalf of the persons named in this application form;
- declare that the information completed on this Application Form is complete and to the best of my knowledge, accurate and correct. To the extent that any information is subsequently identified as incorrect or found to be omitted from this Application Form, I authorise SuperConcepts to correct any errors and complete any omissions on this Application Form, following my confirmation (either orally or in writing);
- acknowledge that I have read and understood the Terms and Conditions for the Service and the Service Material, as updated from time to time, and agree to be bound by them;
- have read and understood the Fee Schedule applicable for the Services, found at www.superconcepts.com.au as updated from time to time and agree to be bound by them;
- authorise the collection, use and disclosure of my personal information for the purpose of the assessment of the application and if accepted, the management and administration of services in which I have applied. I understand that unless I consent to the collection, use and disclosure of this information, SuperConcepts will not be able to process my application or deliver the relevant Service(s);
- understand that SuperConcepts may routinely disclose my personal information to third parties such as: organisations undertaking compliance functions of SuperConcepts' information; organisations maintaining SuperConcepts' information technology system; authorised financial institutions; organisations providing mailing and printing services and my nominated representative (if applicable); and,
- accept that SuperConcepts or any of its related bodies corporate may send me information about its services from time to time. I understand that I may notify SuperConcepts of my decision not to receive further information by contacting SuperConcepts directly.
- If you are applying to set up a new Company to act as Holding Trustee, by signing below:
 - I confirm that the persons named above have consented to act as a Director of the Holding Trustee Company.
 - I confirm that no person has become disqualified from acting as a Director of the Holding Trustee Company.

Signature

Print Name

Date

Mailing address
GPO Box 9981
Adelaide SA 5001

Phone 1300 023 170
Email trusteeservices@superconcepts.com.au
Website superconcepts.com.au



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