

request for limited recourse borrowing - bare trust

a. contact details

order contact person _____ signature _____

(documents & invoice will be directed to this person, unless otherwise stated)

company/firm name (if applicable) _____

postal address _____ postcode _____

street address (if different) _____ postcode _____

phone _____ fax _____ email _____

b. bare trust

name of bare trust _____

c. smsf details (beneficiary)

name of fund _____

address _____

fund abn _____ fund establishment date - -

d. smsf corporate trustee details

full name of company (if applicable) _____

acn _____

e. fund individual trustees details or directors of trustee company

1. full name (Mr/Mrs/Ms) _____ date of birth - -

individual trustee*

or

director of company trustee**

2. full name (Mr/Mrs/Ms) _____ date of birth - -

individual trustee*

or

director of company trustee**

3. full name (Mr/Mrs/Ms) _____ date of birth - -

individual trustee*

or

director of company trustee**

4. full name (Mr/Mrs/Ms) _____ date of birth - -

individual trustee*

or

director of company trustee**

f. corporate trustee for bare trust (trustee/s of the smsf cannot be the trustee/s of the bare trust)

name of company (if applicable) _____

acn _____

registered address _____ postcode _____

g. individual trustees or directors of bare trust

1. full name (Mr/Mrs/Ms) _____ date of birth ____ - ____ - ____
residential address _____ postcode _____

2. full name (Mr/Mrs/Ms) _____ date of birth ____ - ____ - ____
residential address _____ postcode _____

3. full name (Mr/Mrs/Ms) _____ date of birth ____ - ____ - ____
residential address _____ postcode _____

4. full name (Mr/Mrs/Ms) _____ date of birth ____ - ____ - ____
residential address _____ postcode _____

h. details of asset to be acquired

date of purchase ____ - ____ - ____ purchase price \$ _____
address _____
Title particulars certificate of title volume particulars _____ folio _____

please provide copy of contract of sale (unsigned unless purchased under and/or nominee)

i. lender details

lender _____ acn _____
address _____

if finance is to be provided by a related party and a Loan Agreement is required please complete

loan amount \$ _____ period of loan _____
date of repayment of loan ____ - ____ - ____ Interest rate ____ %
interest only principle and interest variable fixed period _____ years

j. application fees \$1,650

please forward cheque with request for bare trust

k. trust deed

Please provide a copy of current trust deed#

the trust deed may require amendment which will incur and additional fee of \$330

complete and return this form to: Super Matters
address: PO BOX 1086 Carlton VIC 3053
email: info@supermatters.com.au