SUPERANNUATION · LIMITED RECOURSE BORROWING

SMSF bare trust order form.

Bare trust and nomination documents for an SMSF property purchase under a limited recourse borrowing arrangement.

TIME TO COMPLETE	RETURN TO	QUESTIONS
10 min	team@cosecpartners.com.au	1300 226 226

FILLING THIS FORM

Type straight into the fields in Adobe Acrobat Reader, or print and complete by pen. **Required fields** are marked with an oxblood asterisk. Tick every box that applies and skip any section that does not apply to your order.

01 The fund.

Bare trust and nomination documents are always included.

SMSF FUND NAME *	

02 Additional documents.

Optional. These incur additional fees, so we will confirm a quote before proceeding.

- ☐ New super fund (if the SMSF does not already exist)
- ☐ SMSF rules update (most lenders require specific clauses)
- ☐ New company as SMSF trustee
- ☐ New company as security (bare) trustee
- ☐ Loan agreement (for a non arm's length loan)
- ☐ Change of SMSF trustees to a corporate trustee

03 Property being purchased.

PROPERTY ADDRESS *					
SUBURB *		STATE *		POSTCODE *	

04 The lender.

LENDER	☐ NAB ☐ CBA ☐ Bendigo ☐ Westpac ☐ St George ☐ Other
LENDER NAME *if other*	

05 Security (bare) trustee.

Corporate security trustee details, if any.

TRUSTEE COMPANY				ACN	
REGISTERED OFFICE	☐ C/- applicant ☐ Other (below)				
REGISTERED OFFICE ADDRESS *if other*					
SUBURB		STATE		POSTCODE	
PRINCIPAL PLACE OF BUSINESS	☐ Same as registered office ☐ Same as first individual below				

06 SMSF corporate trustee.

Details of the SMSF's corporate trustee, if any.

TRUSTEE COMPANY				ACN	
REGISTERED OFFICE	☐ C/- applicant ☐ Other (below)				
REGISTERED OFFICE ADDRESS *if other*					
SUBURB		STATE		POSTCODE	
PRINCIPAL PLACE OF BUSINESS	☐ Same as registered office ☐ Same as first individual below				

07

Associated individuals.

Include every member or director of the SMSF trustee and every director of the security trustee. Date of birth, place of birth and consent are only needed if we are setting up a trustee company in this order.

01 ASSOCIATED INDIVIDUAL

FULL NAME *

RESIDENTIAL ADDRESS *

SUBURB	STATE	POSTCODE

ROLES

- [ ] SMSF trustee or director of trustee
- [ ] Security trustee or director
- [ ] Loan guarantor

DATE OF BIRTH *new company only*	PLACE OF BIRTH *town, state*

CONSENT

- [ ] I consent to act as a director, secretary or shareholder of the new company

02 ASSOCIATED INDIVIDUAL

FULL NAME

RESIDENTIAL ADDRESS

SUBURB	STATE	POSTCODE

ROLES

- [ ] SMSF trustee or director of trustee
- [ ] Security trustee or director
- [ ] Loan guarantor

DATE OF BIRTH *new company only*	PLACE OF BIRTH *town, state*

CONSENT

- [ ] I consent to act as a director, secretary or shareholder of the new company

03 ASSOCIATED INDIVIDUAL

FULL NAME

RESIDENTIAL ADDRESS

SUBURB	STATE	POSTCODE

ROLES

☐ SMSF trustee or director of trustee ☐ Security trustee or director ☐ Loan guarantor

DATE OF BIRTH *new company only*	PLACE OF BIRTH *town, state*

CONSENT

☐ I consent to act as a director, secretary or shareholder of the new company

04 ASSOCIATED INDIVIDUAL

FULL NAME

RESIDENTIAL ADDRESS

SUBURB	STATE	POSTCODE

ROLES

☐ SMSF trustee or director of trustee ☐ Security trustee or director ☐ Loan guarantor

DATE OF BIRTH *new company only*	PLACE OF BIRTH *town, state*

CONSENT

☐ I consent to act as a director, secretary or shareholder of the new company

08 Additional notes.

Anything else we should know, or instructions for this order.

NOTES AND INSTRUCTIONS	

09 Your firm.

The firm or person placing this order with CoSec Partners.

FIRM *			
INDUSTRY	☐ Accounting ☐ Legal ☐ Financial planning ☐ Other		
CONTACT NAME *		PHONE *	
EMAIL *		PO NUMBER *if any*	
STREET ADDRESS			
SUBURB		STATE	POSTCODE
DOCUMENTS	☐ PDF by email ☐ PDF plus printed, bound and delivered		

10 Declarations & signature.

BY SIGNING BELOW **I/we confirm each of the following.**

01 ☐ The information in this form is true and correct at the time of signing.

02 ☐ Every person named in this form has consented to their details being given to CoSec Partners, and to ASIC, the ATO or a solicitor where needed to complete this order.

03 ☐ **Appointment of agent.** To CoSec Partners: You are appointed to act as our agent to procure a deed and ancillary legal documentation from a solicitor, on the particulars set out in this form. In consideration for you acting as our agent, paying solicitors' costs, compiling the materials into a register and delivering them, we will pay you the amounts agreed.

04 ☐ **No advice.** We understand CoSec Partners does not provide legal, accounting, financial or stamp duty advice and takes no responsibility for taxation, legal or other liabilities arising from work done on our instructions. We have obtained our own advice on this transaction.

SIGNATURE OF AUTHORISED PERSON _____ FULL NAME _____ DATE _____

11 Payment & submission.

PAYMENT

We invoice on receipt. We review your order, send an itemised invoice with a secure card payment link, and proceed on settlement. EFT is also available: **ANZ, BSB 015-056, Account 225 324 305**, reference: name of SMSF. Please do not write card details on this form. Current pricing is at cosecpartners.com.au.

Three ways to *return this form.*

EMAIL
team@cosecpartners.com.au

PORTAL
cosecpartners.com.au/portal

PHONE
1300 226 226