



SMSF BORROWING DOCUMENTATION ORDER FORM

Please complete all details clearly:

Full Name of Fund:

SECTION A: ADVISER/PERSON ORDERING (All matters will be addressed to this person unless otherwise stated)

Person Ordering:

Firm Name:

Postal Address:

Contact Phone No: Fax:

Email:

Signature:

PAYMENT DETAILS

The payment below is for the facilitation duties performed by Tranzact Super ONLY. It does not include legal fees, stamp duty or consulting etc.

Borrowing Documents	\$2,970	<input type="checkbox"/>
Loan Agreement (related party loans)	\$ 750	<input type="checkbox"/>
Security Trust Company	\$1.100	<input type="checkbox"/>
Deed Variation	\$ 570	<input type="checkbox"/>

Payment is by Cheque: MasterCard: Visa: Direct Debit:

(direct debit only for Super Funds under Tranzact Super Administration with a Direct Debit already in place)

Card Holder Name:

Credit Card No: Expiry Date:

Signature:



SELF MANAGED SUPERANNUATION FUND SECURITY TRUST APPLICATION FORM

Please read the following before completing the Self Managed Superannuation Fund Security Trust Application Form (**Application**).

By completing and submitting the Application you confirm as follows:

1. that the trustee of the SMSF (borrower) is either one or more individual(s) or a company;
2. it is the purchaser's responsibility to ensure that the information supplied is correct;
3. if new documents have to be prepared as a result of errors in the information a further fee will be payable; and
4. stamp duty may apply in relation to this product. Tranzact Super is not liable for either paying the stamp duty or arranging for lodgement of the documents for stamping.

If you are unsure about any of the items to complete the Application, or during the process of completing the Application you have questions please contact Debbie Thomas on 07 3854 4444 or via contact@tranzacttotalsuper.com.au

Please fill in the details below. Fields marked * are mandatory and must be filled in prior to submission. Once the form is completed send the document to us.

Agent's Details

* First Name:

* Surname:

Name of firm (if applicable):

Email address:

* Telephone number:

Fax number:

* Address (postal or street)

* Delivery Address for documents:

Email address:

Super Fund Name

* Name:

* ABN:

Clause in Deed that allows borrowing

*Please attach a copy of the current trust deed if the Super Fund is not under Tranzact Super's administration.

Trustee of Superannuation Fund (the borrower) - Corporate Trustee (see below for individual trustees)

* Company Name:

* ACN:

ABN:

* Date of registration:

Phone number:

Fax number:

* Registered office address:

Details of 1st Director

Note each Director must be a member unless they satisfy an exception under section 17A of the 'SIS Act'. If a Director is not a member state why they satisfy the exception.

* First Name:

* Surname:

* Address:

Details of 2nd Director

* First Name:

* Surname:

* Address:

Details of 3rd Director

* First Name:

* Surname:

* Address:

Details of 4th Director

* First Name:

* Surname:

* Address:

Trustee of the Superannuation Fund - Individual Trustees

Note each Trustee must be a member unless they satisfy an exception under section 17 A of the SIS Act. If a Trustee is not a member state why they satisfy the exception.

Individual Trustee 1 (if any)

* First Name:

* Surname:

Address:

Individual Trustee 2 (if any)

* First Name:

* Surname:

Address:

Individual Trustee 3 (if any)

* First Name:

* Surname:

* Address:

Individual Trustee 4 (if any)

* First Name:

* Surname:

* Address:

Meeting to establish Security Trust

Please provide the details of the meeting that will be held to establish the Security Trust

Who is attending meeting:

Chair of the meeting:

Venue:

Date:

Time:

Lender - Please provide details of the Lender

Corporate Lender (if applicable)

* Name:

* ACN/ABN:

* Registered office Address:

Individual Lender 1 (if applicable)

* Name:

* Address:

Individual Lender 2 (if applicable)

* Name:

* Address:

Is lender acting as trustee of a trust?

* Name of trust:

Loan

Please provide the details of the Loan

Amount of money being lent:

Duration of loan (years and months):

Settlement Date:

Date on which final repayment of principal and interest is due:

Authorised Investments (eg address of property being purchased):

Interest Rate the borrower will pay:

Jurisdiction:

Custodian of Security Trust

Please provide details of the Custodian of the Security Trust

Corporate Custodian (if applicable)

* Company Name:

* ACN:

* Registered office Address:

Individual Custodian 1 (if applicable)

* Name:

* Address:

Individual Custodian 2 (if applicable)

* Name:

* Address:

Acknowledgment, agreement and confirmation of Instructions

The trustees or members agree that all necessary consents have been obtained as required under the Superannuation Industry (Supervision) Act 1993 (Cth) and that no legal or financial advice has been given in relation to the establishment of the Borrowing. It may be necessary to take advice from the holder of an Australian Financial Services Licence before making a decision on a financial product.

Trustee (individuals or directors as relevant)

Dated:

Name:

Signature:

Name:

Signature:

Name:

Signature:

Name:

Signature:

ON COMPLETION PLEASE FAX OR SCAN & EMAIL TO TRANZACT SUPER

contact@tranzacttotalsuper.com.au FAX: 07 3211 1455