

**SMSF Property/Bare Trust Package – Premium Service**

* *Beneficial Owner Statutory Declarations;*
* *Trustee Statutory Declarations;*
* *Timing of Contract/Bare Trust Summary;*
* *Stamp Duty Summary;*
* *Trust Deed/s 'signed off' by major banks/lenders.*
* *Security Custodian/Bare Trust Deed;*
* *Settlement Agent instruction letter;*
* *SIS Act S67A & 67B, Auditors 'Letter of Compliance';*
* *Agency Agreement;*
* *Legal Backing (at no additional cost);*
* *Minutes of Meeting for any/all Corporate Trustee/s;*

***Email completed order form to:*** [***vic@fnfc.net.au***](mailto:vic@fnfc.net.au)

**SECTION 1: DETAILS OF PERSON ORDERING**

Name:

Business Name:

Delivery Address:

Phone:       NTAA Member No.       Email:

**SECTION 2: PRODUCT SELECTION**

Please indicate which of the following products you require

* Property Trust Service – with binder & tabs $795
* Property Trust Service – electronic $740
* New Corporate Trustee – electronic \_\_\_\_\_\_\_\_ (includes ASIC fee $512) \_ Quantity:       $655
* New Corporate Trustee – with binder & tabs \_\_ (includes ASIC fee $512 \_ Quantity:       $721
* New SMSF established – electronic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $143
* New SMSF established – with binder & tabs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $209
* Deed of Variation to NTAA SMSF Deed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $361
* Deed of Variation to non NTAA SMSF Deed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $441
* Change of SMSF Trustee – (with Deed of Variation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $160
* Change of SMSF Trustee ONLY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $275
* Private Loan Agreement documentation – with binder & tabs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $685
* Private Loan Agreement documentation – electronic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $630

**SECTION 3: PAYMENT DETAILS**

Please make payment to below mentioned account.

E.F.T Payment(please provide this evidence of payment made when placing order)

Financial Institution: Westpac

Account Name: LRBA Structures

BSB: 733-040

Account Number: 686834

Amount: $

Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *>> insert client name <<*

**SECTION 4: SUPER FUND DETAILS**

Name of Super Fund:

TRUSTEE name:

Trustee ACN: (if applicable):

Trustee Address:

Governing State: VIC NSW QLD TAS WA SA ACT NT

**CORPORATE TRUSTEE**  *(if applicable)*

Name of DIRECTOR 1:

Residential Address:

Name of DIRECTOR 2:

Residential Address:

Name of DIRECTOR 3:

Residential Address:

Name of DIRECTOR 4:

Residential Address:

Name of DIRECTOR 5:

Residential Address:

Name of DIRECTOR 6:

Residential Address:

**INDIVIDUAL TRUSTEE** *(if applicable)*

Name of TRUSTEE 1:

Residential Address:

Name of TRUSTEE 2:

Residential Address:

Name of TRUSTEE 3:

Residential Address:

Name of TRUSTEE 4:

Residential Address:

Name of TRUSTEE 5:

Residential Address:

Name of TRUSTEE 6:

Residential Address:

**SECTION 5: BARE TRUST DETAILS**

Please indicate if you require.

NEW Corporate Trustee for the BARE TRUST- (complete order form at rear)

Name of BARE TRUST:

TRUSTEE name:

Trustee ACN:

Trustee Address:

Are the OFFICE HOLDERS the SAME as the SUPER FUND Trustee?:  yes  no (if **YES**, go to SECTION: 6)

**CORPORATE TRUSTEE**  *(if applicable)*

Name of DIRECTOR 1:

Residential Address:

Name of DIRECTOR 2:

Residential Address:

Name of DIRECTOR 3:

Residential Address:

Name of DIRECTOR 4:

Residential Address:

Name of DIRECTOR 5:

Residential Address:

Name of DIRECTOR 6:

Residential Address:

**SECTION 6: SECURITY DETAILS**

Please complete as much detail as known.

Residential or Commercial:

Property ADDRESS:

Contract of Sale DATE:       /       /

**SECTION 7: PRIVATE LOAN AGREEMENT**

Please complete this section if you selected *Private Loan Agreement documentation* in Section: 2.

Name of Lender:

ACN: (if applicable)

Address of Lender:

Loan Amount: $       Loan Term:       years Interest Rate:       % per annum

Interest Rate Calculation:

*(E.g. Reserve Bank of Australia, Indicator Rates for Banks providing Standard Variable Housing Loans for Investors.)*

Repayments:  Principal & Interest  Interest Only Interest Only Term:  years

**CORPORATE LENDER**  *(if applicable)*

Name of DIRECTOR 1:

Residential Address:

Name of DIRECTOR 2:

Residential Address:

Name of DIRECTOR 3:

Residential Address:

Name of DIRECTOR 4:

Residential Address:

Name of DIRECTOR 5:

Residential Address:

Name of DIRECTOR 6:

Residential Address:

**INDIVIDUAL LENDER** *(if applicable)*

Name of LENDER 1:

Residential Address:

Name of LENDER 2:

Residential Address:

Name of LENDER 3:

Residential Address:

Name of LENDER 4:

Residential Address:

Name of LENDER 5:

Residential Address:

Name of LENDER 6:

Residential Address:

**SECTION 8: DECLARATION**

I, the person ordering, confirm and agree that the information contained herein is true and accurate as at the date hereof.

I furthermore acknowledge that if any amendments are required to be made once the order is finalised, additional costs may be incurred.   *(please tick)*

New Proprietary Company Instruction Sheet

**Company # 1** *proposed company names*

1st Choice:

2nd Choice:

State of Incorporation: VIC NSW QLD TAS WA SA ACT NT

**Registered Office**

Street address (not a PO Box):

State & Postcode:

Does the company occupy these premises? Yes  No  *please tick)*

If no – please complete the following: Occupier’s Name:

Name of individual to sign occupiers consent (if different):

**Principal Place of Business**

Street address (not a PO Box):

State & Postcode:

**Special Instructions**

Is this Company to act as Trustee of the Super Fund or Bare Trust? Bare Trust  Super Fund  (*please tick)*

**Officeholders Information**

|  |  |
| --- | --- |
| **(1)** Last Name:  First & Middle Names:  DOB:  / /  Town/City of Birth:  State/Country of Birth:  Number of shares (If applicable):  Director  Secretary  Public Officer  Shareholder | **(2)** Last Name:  First & Middle Names:  DOB:  / /  Town/City of Birth:  State/Country of Birth:  Number of shares (If applicable):  Director  Secretary  Public Officer  Shareholder |
| **(3)** Last Name:  First & Middle Names:  DOB:  / /  Town/City of Birth:  State/Country of Birth:  Number of shares (If applicable):  Director  Secretary  Public Officer  Shareholder | **(4)** Last Name:  First & Middle Names:  DOB:  / /  Town/City of Birth:  State/Country of Birth:  Number of shares (If applicable):  Director  Secretary  Public Officer  Shareholder |

|  |  |
| --- | --- |
| **(5)** Last Name:  First & Middle Names:  DOB:  / /  Town/City of Birth:  State/Country of Birth:  Number of shares (If applicable):  Director  Secretary  Public Officer  Shareholder | **(6)** Last Name:  First & Middle Names:  DOB:  / /  Town/City of Birth:  State/Country of Birth:  Number of shares (If applicable):  Director  Secretary  Public Officer  Shareholder |

By ticking this box, you acknowledge that all relevant consents to act as officeholder and to be a member (and to be bound by the Constitution of the Company) as required by the Corporations Act 2001 have been given and that NTAA Corporate and its Company supplier have been appointed to act as the agent for the purpose of the registration.   *(please tick)*

New Proprietary Company Instruction Sheet

**Company # 2** *proposed company names*

1st Choice:

2nd Choice:

State of Incorporation: VIC NSW QLD TAS WA SA ACT NT

**Registered Office**

Street address (not a PO Box):

State & Postcode:

Does the company occupy these premises? Yes  No  *please tick)*

If no – please complete the following: Occupier’s Name:

Name of individual to sign occupiers consent (if different):

**Principal Place of Business**

Street address (not a PO Box):

State & Postcode:

**Special Instructions**

Is this Company to act as Trustee of the Super Fund or Bare Trust? Bare Trust  Super Fund  (*please tick)*

**Officeholders Information**

|  |  |
| --- | --- |
| **(1)** Last Name:  First & Middle Names:  DOB:  / /  Town/City of Birth:  State/Country of Birth:  Number of shares (If applicable):  Director  Secretary  Public Officer  Shareholder | **(2)** Last Name:  First & Middle Names:  DOB:  / /  Town/City of Birth:  State/Country of Birth:  Number of shares (If applicable):  Director  Secretary  Public Officer  Shareholder |
| **(3)** Last Name:  First & Middle Names:  DOB:  / /  Town/City of Birth:  State/Country of Birth:  Number of shares (If applicable):  Director  Secretary  Public Officer  Shareholder | **(4)** Last Name:  First & Middle Names:  DOB:  / /  Town/City of Birth:  State/Country of Birth:  Number of shares (If applicable):  Director  Secretary  Public Officer  Shareholder |

|  |  |
| --- | --- |
| **(5)** Last Name:  First & Middle Names:  DOB:  / /  Town/City of Birth:  State/Country of Birth:  Number of shares (If applicable):  Director  Secretary  Public Officer  Shareholder | **(6)** Last Name:  First & Middle Names:  DOB:  / /  Town/City of Birth:  State/Country of Birth:  Number of shares (If applicable):  Director  Secretary  Public Officer  Shareholder |

By ticking this box, you acknowledge that all relevant consents to act as officeholder and to be a member (and to be bound by the Constitution of the Company) as required by the Corporations Act 2001 have been given and that NTAA Corporate and its Company supplier have been appointed to act as the agent for the purpose of the registration.   *(please tick)*