

**Application a SMSF Custodian Trust (Bare Trust) for the  
purposes of a Super Fund Borrowing  
(for Non Property Acquisitions)**

**What you are required to do to order your Documents:**

1. Complete all relevant fields in BLOCK LETTERS.
2. Supply a copy of the documents required for legal review noted in section K of this form.

**SECTION A (I): PERSON / ADVISOR ORDERING DETAILS**

<b>YOUR NAME</b>		<b>Signature</b>	
<b>YOUR COMPANY NAME</b>			
<b>YOUR POSTAL ADDRESS</b>			
<b>DATE OF ORDER</b>	/ /	<b>Your Ref.</b>	
<b>Phone</b>		<b>Fax</b>	
		<b>Email</b>	

**SECTION A (II): PAYMENT DETAILS**

Enclosed is Payment for SMSF Custodian Trust (Bare Trust) for the sum of \$

- Direct Debit\*   
  Visa Card   
  Mastercard   
  Cheque

Card Holder Name			
Credit Card Number	- - -		
Expiry Date	/	<b>Authorised Card Signature</b>	

\*To pay by Direct Debit you must have a current Direct Debit arrangement with Topdocs Pty Ltd.  
If you would like to arrange for Direct Debit for future purchases please contact Topdocs Pty Ltd on 1300 65 92 42.

**SECTION B: DETAILS OF THE SUPER FUND**

- If Topdocs is establishing a new Fund for you, tick this box and enter the details of the new Fund below.  
 If Topdocs is registering an ABN & TFN for a new Fund, please tick this box (a fee of \$99 applies).  
 If Topdocs is varying the Fund's Trust Deed for you, please tick this box.

If you have an existing Fund in place, enter the details of the existing Fund below.

<b>NAME OF FUND</b>	
Registered address of the Fund	
Establishment date of the Fund	/ /
State law governing the Funds Trust Deed	

## SECTION C: TRUSTEE INFORMATION WHERE THE TRUSTEE OF THE SUPER FUND IS A COMPANY

If this is a new company you would like Topdocs to register, please tick this box

Company Name		ACN	-	-
Company Chairman				
Registered Address				
<b>Only complete the following if Topdocs is registering a new company to be the Super Fund Trustee</b>				
Will the Company occupy this address?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If no, who occupies this office?				
Principal Place of Business				
State of Registration				
Will this be a Sole Purpose SMSF Trustee Company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Who will act as Secretary for the Company? (optional)				

## SECTION D (I): DETAILS OF EACH MEMBER

If Topdocs is registering a company to be Trustee of the Super Fund, please enter the member's date of birth, place of birth, shares allocated, amount paid and class of shares below. Otherwise leave these fields blank.

<b>Member 1</b>	Full name			
Address				
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>	
<b>Only complete the following if Topdocs is registering a new company to be Trustee of the Super Fund</b>				
Town/City of Birth		State/ Country of Birth		
Date of Birth	/ /	Number of shares allocated to Director		
Price of each share		Class of shares		

<b>Member 2</b>	Full name			
Address				
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>	
<b>Only complete the following if Topdocs is registering a new company to be Trustee of the Super Fund</b>				
Town/City of Birth		State/ Country of Birth		
Date of Birth	/ /	Number of shares allocated to Director		
Price of each share		Class of shares		

<b>Member 3</b>	Full name		
Address			
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>
<b>Only complete the following if Topdocs is registering a new company to be Trustee of the Super Fund</b>			
Town/City of Birth		State/ Country of Birth	
Date of Birth	/ /	Number of shares allocated to Director	
Price of each share		Class of shares	

<b>Member 4</b>	Full name		
Address			
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>
<b>Only complete the following if Topdocs is registering a new company to be Trustee of the Super Fund</b>			
Town/City of Birth		State/ Country of Birth	
Date of Birth	/ /	Number of shares allocated to Director	
Price of each share		Class of shares	

## SECTION D (II): NON MEMBER TRUSTEE

If the Fund is a single Member Fund with a Trustee *who is not a Member*, enter the Non-Member Trustee details below.

<b>Trustee 2</b>	Full name		
Address			
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>

## SECTION E: DETAILS OF THE CUSTODIAN TRUST

Tick this box if you would like Topdocs to register a new company as the Custodian Trustee.

Custodian Trustee Name/s			
ACN (if applicable)	-	-	
Name of the Custodian Trust			
Registered Address			
<b>Only complete the following if Topdocs is registering a new company to be the Custodian Trust Trustee</b>			
Will the Company occupy this address?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If no, who occupies this office?			
Principal Place of Business			
State of Registration			
Who will act as Public Officer for the Company?			
Who will act as Secretary for the Company? (optional)			

<b>DIRECTOR 1</b>	Full name		
Address			
<b>Only complete the following if Topdocs is registering a new company to be the Custodian Trust Trustee</b>			
Town/City of Birth		State/ Country of Birth	
Date of Birth	/ /	Number of shares allocated to Director	
Price of each share		Class of shares	

<b>DIRECTOR 2</b>	Full name		
Address			
<b>Only complete the following if Topdocs is registering a new company to be the Custodian Trust Trustee</b>			
Town/City of Birth		State/ Country of Birth	
Date of Birth	/ /	Number of shares allocated to Director	
Price of each share		Class of shares	

<b>DIRECTOR 3</b>	Full name		
Address			
<b>Only complete the following if Topdocs is registering a new company to be the Custodian Trust Trustee</b>			
Town/City of Birth		State/ Country of Birth	
Date of Birth	/ /	Number of shares allocated to Director	
Price of each share		Class of shares	

<b>DIRECTOR 4</b>	Full name		
Address			
<b>Only complete the following if Topdocs is registering a new company to be the Custodian Trust Trustee</b>			
Town/City of Birth		State/ Country of Birth	
Date of Birth	/ /	Number of shares allocated to Director	
Price of each share		Class of shares	

## SECTION F (: DETAILS OF LENDER 1 (DISCRETIONARY TRUST LENDER)

Lender Name/s			
Address for Notices			
<b>Director 1</b>		<b>Director 2</b>	
<b>Director 3</b>		<b>Director 4</b>	

Details of the Lender's account to which payments by the Super Fund will be made:

Account Name			
Bank Name			
BSB	-	Account Number	

## SECTION G: LOAN DETAILS (DISCRETIONARY TRUST LENDER)

Asset Purchase Price	\$		
Loan Amount	\$		
Loan Commencement Date	/ /	Loan Term (years)	
Interest Rate (please provide a benchmark rate – eg ABC Bank Variable home loan rate)			
Repayment Type	<input type="checkbox"/> Interest Only	<input type="checkbox"/> Principal and Interest	
Is the Loan proposed to be secured?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If Yes, method of securing			

## SECTION H: DETAILS OF LENDER 2 (ADDITIONAL BANK LENDER, IF APPLICABLE)

Lender Name	
Loan Amount	\$

## SECTION H: ASSET DETAILS

Asset type	<input type="checkbox"/> Units in an associated non-g geared unit trust that meets the requirements of SIS Regs 13.22A to 13.22D <input type="checkbox"/> Units in non-associated unit trusts <input type="checkbox"/> Listed shares <input type="checkbox"/> Unlisted shares <input type="checkbox"/> Artwork <input type="checkbox"/> Other – Please provide details
------------	---

Date the Asset is to be acquired	/ /
Asset description (E.g. name of the entity the shares/units are being purchased in, along with serial numbers of the shares/units)	

## SECTION I: SELLER DETAILS

Seller Name		
Is the Seller a related party of the Super Fund?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## SECTION J: INVESTMENT STRATEGY DETAILS

**Only complete this section if you want Topdocs to update the investment strategy of the Fund to include provisions for borrowing and the acquisition of property.**

Please enter the percentage investment spread of the Assets the Fund will be investing in:

Asset Type	Investment Spread %
Cash	% to %
Australian Fixed Interest	% to %
International Fixed Interest	% to %
Australian Equities	% to %
International Equities	% to %
Residential Property, Commercial Property, Retail Property, either direct, listed or unlisted	% to %

**If there is an Asset Type not listed above that the Fund wishes to invest in, list the details of that asset, and its relative investment spread below.**

Our strategy document allows for up to 2 additional Asset types.

Asset Type	Investment Spread %
	% to %
	% to %

**Please select an investment objective from the following, ensuring you complete the blank fields:**

<input type="checkbox"/>	To achieve an overall investment return of between % and % over a rolling ten year period.
<input type="checkbox"/>	To achieve an overall investment return of %_ above the CPI over a rolling ten year period.
<input type="checkbox"/>	To achieve an overall investment return of % above the cash rates over a rolling ten year period.

**Once completed, please forward this form to Topdocs:**

**Email:** [orders@topdocs.com.au](mailto:orders@topdocs.com.au)

**Fax:** (03) 8256 0108

**Post:** Suite 2, Level 2, 22 Albert Road South Melbourne Victoria 3205

## Declaration

- I declare that the information set out in this form is accurate and complete, and I acknowledge that Topdocs and its legal advisers will rely on this information to complete the documentation for the Fund and to prepare the letter of legal oversight.
- I declare that I am authorised to complete this form on behalf of the Trustee of the Fund.

\_\_\_\_\_  
Name

  /  /  
Date