

# SamarasLawyers

## SELF MANAGED SUPERANNUATION FUND BORROWING STRUCTURE INSTRUCTION SHEET

### 1. Fund

<b>Fund Name</b>	
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### 2. Trustee Details

*\*If individual trustee, please complete no.3 details.*

*If company trustee*

<b>Trustee Name</b>		
<b>Trustee ACN</b>		<b>Single member, sole Director: Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>Trustee Address</b>		

### 3. Member Details

<b>Individual no. 1 name</b>		<b>Director</b> <b>Trustee</b> <b>Member</b>
<b>Address</b>		
<b>Date of Birth</b>		
<b>Individual no. 2 name</b>		<b>Director</b> <b>Trustee</b> <b>Member</b>
<b>Address</b>		
<b>Date of Birth</b>		
<b>Individual no. 3 name</b>		<b>Director</b> <b>Trustee</b> <b>Member</b>

**Postal Address:** PO Box 2717, Taren Point NSW 2229  
**T:** (02) 9247 1111 | **Fax:** (02) 9247 2222 | **E:** office@samarasl原因.com.au  
**W:** www.samarasl原因.com.au

<b>Address</b>		
<b>Date of Birth</b>		
<b>Individual no. 4 name</b>		<b>Director</b> <b>Trustee</b> <b>Member</b>
<b>Address</b>		
<b>Date of Birth</b>		

#### 4. Super Fund Details

<b>Fund Establishment Date</b>		<b>Original Fund Deed Date (if different)</b>	
<b>Amendment Dates</b>	<i>*(please enclose copy of latest deed)</i>		

#### 5. Security Trustee Details

Security Trustee Details			
<b>Name of Company</b>			
<b>Trustee ACN</b>		<b>Sole Director: Yes</b>	<b>No</b>
<b>Trustee Address</b>			
<b>1<sup>st</sup> Director/ Secretary Name</b>			
<b>1<sup>st</sup> Director/ Secretary Address</b>			
<b>2<sup>nd</sup> Director Name</b>			
<b>2<sup>nd</sup> Director Address</b>			

#### 6. Details of Asset to be Acquired *\*(if more than one asset, please contact our office)*

Asset to be acquired	
<b>Describe nature of asset (if real estate, complete below)</b>	
<b>Street address</b>	

<b>Title Particulars (e.g., Lot, Plan etc....)</b>			
<b>Purchase Price</b>		<b>Associated Costs</b>	
<b>Date of Contract</b>		<b>Please provide a copy of front page of contract of purchase</b>	
<b>Lender</b>			
<b>Loan Amount</b>			
<b>If the loan is from a related party, please request from us an instruction sheet regarding the terms for the related party loan documents. Otherwise, please provide a copy of the loan terms sheet.</b>			

## 7. Delivery

<b>Send via (tick either or both)</b>	<b>Email</b>	<b>Courier</b>
	<b>Email address:</b>	
<b>Address if Courier</b>	<b>Courier address:</b>	
<b>Special Instructions:</b>		

## 8. Payment

<b>(a) Please charge my credit card (if you choose this option please complete and fax or email this page to 02 9247 2222 or <a href="mailto:office@samaraslaws.com.au">office@samaraslaws.com.au</a>)</b>			
<b>Card Type Type (surcharge fee applies)</b>	<b>Visa</b>	<b>Mastercard</b>	<b>American Express</b>
<b>Card No:</b>			
<b>Expiry Date:</b>	____ / ____		
<b>Credit Card CCV No. (the last digits on front or reverse of card)</b>			
<b>Name on Card</b>			
<b>Amount</b>	\$		
<b>Cardholders Signature</b>			

<b>(b) Paying an invoice by direct deposit (please provide a reference):</b>	Bank: National Australia Bank Name: Samaras Lawyers Branch Number: 082 057 Account Number: 1964 08066
<b>(c) Paying an amount into our trust account by direct deposit (please provide a reference):</b>	Bank: National Australia Bank Name: Samaras Lawyers Law Practice Trust Account Branch Number: 082 057 Account Number: 1964 49247
<b>(d) Post a cheque or money order to:</b>	Samaras Lawyers PO Box 2717 Taren Point NSW 2229