

# SMSF & Instalment Warrant Order Form

Email to: [info@investrend.com.au](mailto:info@investrend.com.au)



Please complete all mandatory fields (\*). Investrend cannot be held responsible for illegible forms. By submitting this form to Investrend you agree to be bound by terms and conditions set out in Investrend Debt Solutions Pty Ltd Retainer Agreement. If you do not have a copy of the Investrend Debt Solutions Pty Ltd Retainer Agreement Terms and Conditions please request same and it will be provided to you free of charge.

## INSTRUCTIONS

To : Investrend Debt Solutions Pty Ltd

Please establish a Self Managed Superannuation Fund (SMSF) with Corporate Trustee.

Please provide the Instalment Warrant Package which will include all necessary documentation including an Investment Strategy and Special Service Trust sufficient to enable the SMSF to invest in real property.

Please ensure the Corporate Trustee of the SMSF is also Corporate Trustee of the Special Services Trust provided with the Instalment Warrant Package.

## CLIENT DETAILS

Firm / Company Name \_\_\_\_\_

Individual / Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Delivery Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Direct Dial \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

## PAYMENT DETAILS

All payments are to be made by Electronic Funds Transfer or Direct Deposit to the Investrend Debt Solutions Pty Ltd Trust Account

**BANK** National Australia Bank  
**ACCOUNT NAME** Investrend Debt Solutions Pty Ltd Trust Account  
**ACCOUNT NUMBER** 163371842  
**B.S.B NUMBER** 084 004  
**REFERENCE** Please quote your name followed by the letters SMSF

## SECTION 1

### SUPERANNUATION FUND DETAILS \*

Proposed Name of Super Fund \_\_\_\_\_ State \_\_\_\_\_

Your Physical Address \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

### SUPERANNUATION FUND TRUSTEES DETAILS \* (All Directors must be specified)

Trustee Company Name (Preference 1) \_\_\_\_\_

Trustee Company Name (Preference 2) \_\_\_\_\_

## SECTION 2

### CORPORATE TRUSTEE DETAILS \*

I would like to set up a Company to be Trustee of the SMSF and Security Trust for the Instalment Warrant Deed

#### CONSENT

By ticking this box, we confirm that all directors, secretaries and members cited on this form have consented to their appointments under section 117(5) of the Corporations Act 2001 and that they appoint Investrend Debt Solutions Pty Ltd or any company nominated by Investrend Debt Solutions Pty Ltd to sign the application of this company as agent on their behalf

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Signatory

\_\_\_\_\_  
Date

### PROPOSED SECURITY TRUSTEE COMPANY DETAILS

Registered Office Address \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Will the Company Occupy this Office Yes  No

If NO – Name of Occupant \_\_\_\_\_

Principal Place of Business \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

### SPECIAL INSTRUCTIONS (If Any) - NOTES

**OFFICER & MEMBER DETAILS** (1<sup>st</sup> Officer defaults as Chairman and Public Officer)

**MEMBER 1** - This person / entity is a Director  Secretary  Shareholder

Person - Full Name \_\_\_\_\_

Company Name \_\_\_\_\_

A.C.N. \_\_\_\_\_ A.B.N. \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Post Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

**SHARES**

Class of Shares \_\_\_\_\_ No of Shares \_\_\_\_\_

Amount Paid per Share \$ \_\_\_\_\_ Are Shares Beneficially Owned Yes  No

If **NO** – Trustee For \_\_\_\_\_

Are these Shares Jointly Owned Yes  No  If **YES** – Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Post Code \_\_\_\_\_

**MEMBER 2** - This person / entity is a Director  Secretary  Shareholder

Person - Full Name \_\_\_\_\_

Company Name \_\_\_\_\_

A.C.N. \_\_\_\_\_ A.B.N. \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Post Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

**SHARES**

Class of Shares \_\_\_\_\_ No of Shares \_\_\_\_\_

Amount Paid per Share \$ \_\_\_\_\_ Are Shares Beneficially Owned Yes  No

If **NO** – Trustee For \_\_\_\_\_

Are these Shares Jointly Owned Yes  No  If **YES** – Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Post Code \_\_\_\_\_

**OFFICER & MEMBER DETAILS** (1<sup>st</sup> Officer defaults as Chairman and Public Officer)

**MEMBER 3** - This person / entity is a Director  Secretary  Shareholder

Person - Full Name \_\_\_\_\_

Company Name \_\_\_\_\_

A.C.N. \_\_\_\_\_ A.B.N \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Post Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

**SHARES**

Class of Shares \_\_\_\_\_ No of Shares \_\_\_\_\_

Amount Paid per Share \$ \_\_\_\_\_ Are Shares Beneficially Owned Yes  No

If **NO** – Trustee For \_\_\_\_\_

Are these Shares Jointly Owned Yes  No  If **YES** – Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Post Code \_\_\_\_\_

**MEMBER 4** - This person / entity is a Director  Secretary  Shareholder

Person - Full Name \_\_\_\_\_

Company Name \_\_\_\_\_

A.C.N. \_\_\_\_\_ A.B.N \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Post Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

**SHARES**

Class of Shares \_\_\_\_\_ No of Shares \_\_\_\_\_

Amount Paid per Share \$ \_\_\_\_\_ Are Shares Beneficially Owned Yes  No

If **NO** – Trustee For \_\_\_\_\_

Are these Shares Jointly Owned Yes  No  If **YES** – Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Post Code \_\_\_\_\_

**SIGNATURE - ACKNOWLEDGMENT**

I confirm my signature below is confirmation:-

1. that all directors, secretaries and members cited on this form have consented to their appointments under section 117(5) of the Corporations Act 2001; and
2. that they appoint Investrend Debt Solutions Pty Ltd or any company nominated any Investrend Debt Solutions Pty Ltd to sign the application of this company as agent on their behalf; and
3. All information on this order form is true and correct to the best of my knowledge.
4. By submitting this form to Investrend I agree to be bound by terms and conditions set out in Investrend Debt Solutions Pty Ltd Retainer Agreement.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**