

Property Trust Application Form

PROPERTY TRUST DETAILS

1. Full Name of existing SMSF

2. Proposed Name of Property Trust

3. Primary Address of Proposed Property Trust

No/Street

Suburb

State/Territory

Postcode

4. Address of the Property to be Purchased

No/Street

Suburb

State/Territory

Postcode

5. Name of Lender (if known)

PROPERTY TRUSTEE COMPANY – ESTABLISHMENT

6. Proposed Name of Property Trustee Company

7. Registered Address of Property Trustee Company

8. PAYMENT DETAILS – For New Company Establishment Only (Please Tick Relevant Box)

Credit Card

MasterCard Visa

Credit card no.

Name on card

CW No.

Expiry

Amount

Signature

By signing this section I agree for Sequoia Superannuation to charge my nominated credit card the amount written above next to amount.

Cheque

Please enclose cheque made payable to “Sequoia Superannuation Pty Ltd”

When you complete this form, please:

- Use a black pen;
- Write clearly in block letters;
- Answer all applicable questions;
- Ensure it is signed.

Property Trust Application Form

DIRECTORS & SMSF MEMBER DETAILS

9A. Director 1/SMSF Member 1

Mr Mrs Miss Ms Other

Family Name

Given Names

DOB DAY MONTH YEAR

Place of Birth CITY COUNTRY

Gender Male Female

Occupation

TFN

Email

Mobile

Residential Address – Director 1/SMSF Member 1

No/Street

Suburb

State/Territory Postcode

Trustee/Director Member Both

B. Director 2/SMSF Member 2 (if applicable)

Mr Mrs Miss Ms Other

Family Name

Given Names

DOB DAY MONTH YEAR

Place of Birth CITY COUNTRY

Gender Male Female

Occupation

TFN

Email

Mobile

Residential Address – Director 2/SMSF Member 2

No/Street

Suburb

State/Territory Postcode

Trustee/Director Member Both

C. Director 3/SMSF Member 3 (if applicable)

Mr Mrs Miss Ms Other

Family Name

Given Names

DOB DAY MONTH YEAR

Place of Birth CITY COUNTRY

Gender Male Female

Occupation

TFN

Email

Mobile

Residential Address – Director 3/SMSF Member 3

No/Street

Suburb

State/Territory Postcode

Trustee/Director Member Both

D. Director 4/SMSF Member 4 (if applicable)

Mr Mrs Miss Ms Other

Family Name

Given Names

DOB DAY MONTH YEAR

Place of Birth CITY COUNTRY

Gender Male Female

Occupation

TFN

Email

Mobile

Residential Address – Director 4/SMSF Member 4

No/Street

Suburb

State/Territory Postcode

Trustee/Director Member Both



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SIGNATURES & CLIENT AGREEMENT

10. Agreement

By signing this form:

- I/We agree that Sequoia Superannuation Pty Ltd may collect, use and store my/our personal information for the purpose of processing my/our Application and to provide ongoing services. This complies with the relevant laws as well as in accordance with Sequoia Superannuation Privacy Policy, a copy of which can be provided on my/our request. Such information may include but is not limited to: Tax File Numbers (TFNs), Bank Account details, Drivers' Licence and Passport information. I/We also understand that I/we can request in writing this personal information that Sequoia Superannuation Pty Ltd holds on me/us.
- I/We hereby declare that the above information is true and correct at the time of completing this application form.
- In the case of a new Property Trust & new Property Trustee Company, I/we instruct Sequoia Superannuation Pty Ltd to provide the necessary documentation in order to establish the Property Trust, Corporate Trustee (if applicable) and agree to the fees specified.
- I/We agree to the release of information between Sequoia Superannuation Pty Ltd and my/our listed adviser as set out in this application form.
- I/We agree I have received a schedule of Sequoia Superannuation Pty Ltd fees (attached), agree to the pricing schedule provided and consent to the payment terms and conditions.
- I/We authorise Sequoia Superannuation Pty Ltd to deduct its fees from the SMSF linked cash account as agreed.
- I/We acknowledge that Sequoia Superannuation Pty Ltd is entitled either to cancel or change the terms and conditions of the facilities, including the replacement of the administrator but may not do so without written notice.

Member/Director/Trustee 1

Name

Signature

Date

Member/Director/Trustee 2 (if applicable)

Name

Signature

Date

Member/Director/Trustee 3 (if applicable)

Name

Signature

Date

Member/Director/Trustee 4 (if applicable)

Name

Signature

Date



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ADVISER USER ONLY

11. ADVISER

Adviser Name

AFSL Number

License Name

Company Name

ABN

Postal Address

No/Street

Suburb

State/Territory

Postcode

Please return your completed form:

By post to: Sequoia Superannuation Pty Ltd
GPO Box 4350
SYDNEY NSW 2001

OR

Scan and email to: admin@sequoia.com.au

Please provide us with the following ID requirements to ensure that we have all the required information to process your rollover request:

Certified copy of your driver's license or passport

OR

Certified copy of birth/citizenship certificate

OR

You have previously provided copies of your ID to Sequoia Superannuation.