

The SMSF Gearing Package is only available to Multiport SMSF administration clients.

**PACKAGE OPTIONS** (PLEASE SELECT ONE ONLY)

- Ultimate Gearing Package** – the complete gearing package including facilitation of a loan
- Essentials Gearing Package** – all documentation where loan arranged by you
- Related Party Gearing Package** – all documentation for a loan from a member(s) of the fund

**SECTION 1 – SUPERANNUATION FUND DETAILS**

Fund name

Trustee (if company) Australian business number (ABN)

Trustee (if individuals)

**SECTION 2 – PROPOSED SECURITY CUSTODIAN TRUST DETAILS**

Proposed security trustee company name

Name of settlor (if QLD property)

**Registered office address**

Multiport – Please select if you would like to use the Multiport Corporate Trustee service.

Other

**Principal place of business address if different to above**

Full registered office address Town/suburb State Postcode

**Officers and shareholders**

All parties will be appointed a director and issued with one ordinary share. Please complete details for each party. Please note, the primary contact will be appointed as company secretary.

	Person A (Primary contact)	Person B	Person C	Person D
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(continued on following page)

	Person A (Primary contact)	Person B	Person C	Person D
Town of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual taxable income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Employment status	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed

**SECTION 3 – INTENDED INVESTMENT DETAILS (IF KNOWN)**

Security property address

Residential
  Commercial
  Rural

/  / 
                 
  \$

Expected date of acquisition      Purchase price

**Complete this section if you are applying for an Ultimate Gearing Package**

**Loan details**

\$

Loan amount required

Repayments:  Interest only     Principal and interest    Interest rate:  Fixed     Variable    Loan term:

\$      

Anticipated rental income (per month)      Proposed term of lease (years)

\$       \$       \$

Proposed value of SMSF (including this purchase)      Annual concessional contributions (all members)      Annual non-concessional contributions (all members)

If not a Multiport administered fund, please provide fund detail.

\$       \$        /  /

Value of fund      Fund income (excluding contributions)      Date SMSF established

**Complete this section if you are applying for an Essentials Gearing Package**

**Loan details**

Name of lender

**Complete this section if you are applying for a Related Party Gearing Package**

**Loan details**

Name of lender

\$        %     

Loan amount required      Initial interest rate      Loan term

Repayments:  Interest only     Principal and interest    Interest rate:  Fixed     Variable

**Adviser details**

<input type="text"/>		<input type="text"/>	
Surname		Given name	
<input type="text"/>		<input type="text"/>	
AFSL		Licensee name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address	Town/suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address	Town/suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone	Facsimile	Email	

**SECTION 4 – PAYMENT DETAILS**

We will process your gearing package upon payment of the applicable fee.

Please indicate your preferred method of payment:

- Cheque. Please attach and make payable to Multiport Pty Ltd.
- Direct debit. Please complete the direct debit authority section.
- Electronic funds transfer (EFT).

**Account name:** Multiport Pty Ltd  
**Bank:** Macquarie Bank  
**BSB:** 182-222  
**Account:** 119959989

Please use your super fund name as a reference to allow quicker identification of your payment.

- Debit my existing SMSF – only available where the SMSF is administered by Multiport.

**Direct debit authority**

To: Multiport Pty Ltd

I / We request that money due in terms of the repayment arrangement contained in the application above made by ourselves on  be drawn under the Direct Debit System from my/our account below:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account name	BSB			Account number									

I / We acknowledge that this direct debit arrangement is governed by the terms of the Pay Plan Client Service Agreement received from:

**Name:** Multiport Pty Ltd  
**Debit User ID number:** 396595

<input checked="" type="text"/>	<input checked="" type="text"/>	<input type="text"/>
Signature 1	Signature 2	Date

**SECTION 5 – PRIVACY POLICY**

We are collecting your information to provide services you have requested. Some information is required under laws relating to these services. If your information is sensitive (eg health information), we will use it only for the purpose for which it was provided. We may use non-sensitive information for related purposes, such as maintaining our relationship with you. If you authorise us, or if legally required, we may share your information with external parties such as administrators, your banking service, your financial adviser and accountant, and government bodies.

For our Privacy Statement, visit our internet site. To view or correct any information please contact us.

**Personal information and privacy**

- I/We acknowledge that Multiport and my adviser (as nominated on page 2 of this form) will collect my personal information in relation to my SMSF Gearing Package in accordance with the above privacy policy.
- I/We consent to my personal information being available for marketing use by Multiport and my nominated adviser.

**Please note: If the SMSF is not currently administered by Multiport, please complete and submit a Multiport SMSF application form with this application.**

**SECTION 6 – DECLARATIONS AND CONSENTS**

I/We hereby declare that the above information is true and correct.

I/We have received a copy of the current SMSF Gearing Package guide.

I/We acknowledge that Multiport will require certain documents and information to arrange the establishment of the SMSF applicable, Security Custodian Trust, loan and ongoing administration of the SMSF and its underlying assets.

I/We are, or will become, a Multiport administration client and acknowledge that provision of this gearing package service is only available to Multiport administration clients.

I/We have sought or received specific advice from a representative under an AFSL on the super borrowing rules and conditions, and Multiport has not provided advice about the arrangement or its suitability.

I/We instruct Multiport to provide the necessary documentation to establish the above arrangements on our behalf, and I/we agree to the fees as outlined in this document.

I/We hereby authorise Multiport to deduct and pay from the fund's cash account/bank account its fees as agreed in writing, and my/our adviser or a third party as set out in this document.

I/We acknowledge that my/our adviser may be eligible for payment for introducing this application to Multiport.

I/We declare that I/we hold the consents by each officer and member of the company as required by S117(2) of the Corporations Act 2001 and authorise Multiport Pty Ltd to make an application for company registration as my/our agent.

Completion of this application form does not guarantee approval.

**Fund trustee signature**

Name

Signature

Date

**ADDRESS**

Level 1  
1 Chifley Square  
Sydney NSW 2000

**POSTAL ADDRESS**

PO Box N316  
Grosvenor Place  
Sydney NSW 1220

**TELEPHONE**

1300 364 672

**multiport.com.au**

