

LRBA SERVICE FORM



Complete and return this form to Heffron at: clientsupport@heffron.com.au OR PO Box 200, Maitland NSW 2320

AS PART OF THE SERVICE, WE CONVEY YOUR INSTRUCTIONS TO SYDNEY BUSINESS LAWYERS TO DOCUMENT A LRBA BETWEEN THE TRUSTEE OF THE SELF MANAGED SUPERANNUATION FUND ("SMSF") AND THE BARE TRUSTEE ("CUSTODIAN")

PLEASE REFER TO THE GUIDES PRIOR TO COMPLETING THIS FORM
THIRD PARTY GUIDE RELATED PARTY GUIDE

WORK TO BE COMPLETED:

- LIMITED RECOURSE BORROWING ARRANGEMENT
- CORPORATE CUSTODIAN ESTABLISHMENT - (Additional \$880 incl GST)
- MORTGAGE DOCUMENTS (RELATED PARTY ONLY) - (Additional \$1,540 incl GST)
- TRUST DEED AMENDMENT - (Additional costs) (please complete our separate service form)

SECTION A: ACCOUNTANT/ADVISER DETAILS

Contact Person		Company			
Postal Address					
Suburb		State		Postcode	
Phone		Email			
Mobile Phone		Cc Email			
The LRBA documents will be emailed to the email address(es) above					

SECTION B: FUND DETAILS

Fund Name		ABN			
Postal Address					
Suburb		State		Postcode	
Please attach the following:					
<input type="checkbox"/>	The Fund's current Trust Deed (and where applicable, previous Trust Deed(s))				
<input type="checkbox"/>	A copy of the latest ASIC company statement. A fee may apply if not provided				
<input type="checkbox"/>	A copy of the Purchase Contract				

NOTE: We may also require financial statements (including member statements) for the SMSF at a specific date. If required, we will advise you once we have examined the Court Order / Superannuation Agreement.

SECTION C: TRUSTEE DETAILS

If Corporate Trustee	Name		ACN		
Registered Office Address					
Suburb		State		Postcode	

SECTION C CONTINUES ON NEXT PAGE

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INDIVIDUAL 1	<input type="checkbox"/> Director	<input type="checkbox"/> Trustee	<input type="checkbox"/> Member
Full Legal Name			Title
Residential Address			
Suburb	State	Postcode	
Postal Address	As above		
Suburb	State	Postcode	
Email			
Phone	Mobile		
INDIVIDUAL 2	<input type="checkbox"/> Director	<input type="checkbox"/> Trustee	<input type="checkbox"/> Member
Full Legal Name			Title
Residential Address			
Suburb	State	Postcode	

NOTE: If there are more than two individuals please copy this page.

SECTION D: CUSTODIAN DETAILS

<input type="checkbox"/> Individual Custodian(s)				
<input type="checkbox"/> Existing Corporate Custodian	Name	ACN		
<input type="checkbox"/> New Corporate Custodian (Heffron to establish a Proprietary Pty Ltd company)				
Preferred Name				
Alternate Name				
Registered Office Address				
Suburb	State	Postcode		
Would you like Heffron to be the ASIC agent and Registered office?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Occupier (if not the company)				
Principal Place of Business Address				
Suburb	State	Postcode		
ASIC requires full <u>physical</u> address details and will not accept a PO Box, property name or Mail Service number. If rural property, please provide the name of the access road to the property				
Consents of Officers & Shareholders	The officer(s) and shareholder(s) listed below consent to act in the capacities for which they are listed <input type="checkbox"/> Yes <input type="checkbox"/> No			
Shareholdings	Each director will be issued with 1 x \$1 ordinary share unless otherwise specified			
INDIVIDUAL 1				
Capacity	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary	<input type="checkbox"/> Public Officer	<input type="checkbox"/> Individual Custodian
Shareholdings	Number of Shares			
Full Legal Name			Title	
Date of Birth	Place of Birth	Country	State	Suburb
Residential Address				
Suburb	State	Postcode		
INDIVIDUAL 2				
Capacity	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary	<input type="checkbox"/> Public Officer	<input type="checkbox"/> Individual Custodian
Shareholdings	Number of Shares			
Full Legal Name			Title	
Date of Birth	Place of Birth	Country	State	Suburb
Residential Address				
Suburb	State	Postcode		

NOTE: If there are more than two individuals please copy this page.

SECTION E: BORROWING ARRANGEMENT DETAILS (RELATED PARTY ONLY)

<input type="checkbox"/>	Individual Lender	Name(s)			
<input type="checkbox"/>	Corporate Lender	Name		ACN	
Director Name(s)					
<input type="checkbox"/>	Trust Lender	Name		ACN	
Director Name(s)					
Loan Amount (non-recourse)		\$			
<input type="checkbox"/>	Safe Harbor Rules Apply				
<input type="checkbox"/>	Safe Harbor Rules Do Not Apply - Please complete the following table				
Loan Amount Interest Rate*			%		
Interest Repayment Periods (in arrears)			Monthly		Quarterly
Interest Repayment			Principal & Interest		Interest Only
Term of the Loan			years		
Governing Law - which state will the LRBA to be governed by ***					

* Please note that for Superannuation Law purposes the Loan Amount Interest Rate as agreed between the SMSF and the Custodian/Lender or the Lender must be on an arm's length basis and the term and conditions of the borrowing must be no more favourable than those which it is reasonable to expect would apply if the borrower and the lender were dealing with each other at arm's length in the same circumstances. It is noted for further emphasis that the Loan Amount must be of a non-recourse nature and the Loan Amount Interest Rate should reflect this fact. For further reference please refer to section 109 of the Superannuation Industry (Supervision) Act 1993. Where a company is acting as the Lender, you should also seek advice concerning Division 7A of the Income Tax Assessment Act 1936 prior to entering in to a borrowing structure.

** The "Default Interest Rate" as defined in the Borrowing Arrangement will be 4% higher than the Loan Amount Interest Rate.

*** If the Asset purchased is real property, the Borrowing Arrangement will be governed in the state in which the property is located.

SECTION F: BORROWING ARRANGEMENT DETAILS (THIRD PARTY ONLY)

Governing Law* - which state will the LRBA to be governed by					
Name of Third Party Lender / Bank					
Contact Person					
Contact Number					
Email					

* If the Asset purchased is real property, the Borrowing Arrangement will be governed in the state in which the property is located.

SECTION G: DETAILS OF THE ASSET TO BE PURCHASED

Provide details of the Asset to be purchased using the loan amount and as permitted under sections 67A and 67B of the Superannuation Industry (Supervision) Act 1993. Please be advised that neither Heffron nor Sydney Business Lawyers is liable for or accepts liability for compliance with the requirements of sections 67A and 67B of the Superannuation Industry (Supervision) Act 1993.					
The Custodian will hold the Asset on trust for the SMSF and the SMSF will hold a beneficial interest in the Asset. Neither Heffron nor Sydney Business Lawyers is responsible to check the accuracy of the Asset's information as provided below.					
If the Asset is to be real property you will need to provide below the folio identifier reference and street address. If the Asset is to be a collection of identical assets that have the same market value (e.g. identical shares or identical units in a managed fund) note the identical asset below.					
Asset Details					
Real Property Street Address					
Suburb		State		Postcode	
Real Property Folio Identifier					

SECTION H: PRIVACY STATEMENT

Heffron SMSF Solutions is committed to protecting the privacy and rights of its customers. Our [Privacy Policy](#) contains important information about how we collect, hold, use and disclose personal information. If you have questions or wish to make a complaint, please contact our Privacy Officer at Heffron SMSF Solutions, PO Box 200, MAITLAND NSW 2320, or via email at privacy.officer@heffron.com.au.

SECTION I: ACKNOWLEDGEMENT

I confirm that the information on this form is correct and I have the authority to request and pay for the services requested on behalf of the superannuation fund.

I acknowledge and understand that unless a Statement of Advice from Heffron recommending the course of action contemplated by these documents has been obtained, Heffron has not reviewed my / our circumstances to determine whether or not such action is appropriate and have simply executed and provided the requested services in accordance with my / our instructions or instructions from my / our adviser(s).

Signature of person authorised to make the above statements on behalf of the member(s) and trustee(s) or director(s) of the corporate trustee

Print name

Date

PAYMENT INFORMATION

Amount: \$	
<input type="checkbox"/> EFT Transfer	BSB: 082 691 Account: 561309446 Please attach transaction receipt of payment to service form as confirmation of payment
<input type="checkbox"/> Credit Card – Please call Heffron on 1300-HEFFRON to process Credit card payments.	
<input type="checkbox"/> Direct Debit Authority in place	