

(Finit Name)

Signature Required



SMSF GEARED INVESTMENT DEED ORDER FORM

SMSF DETAILS

SMSF NAME
SMSF TRUSTEE NAME
SMSF ADDRESS
NAMES OF ALL DIRECTORS
NAMES OF ALL SMSF MEMBERS
BARE TRUST DETAILS
BARE TRUST NAME
BARE TRUSTEE NAME
A.C.N
BARE TRUST ADDRESS
NAMES OF ALL DIRECTORS
PAYMENT DETAILS: Please debit the following card details by the amount of \$ 2500.00
TYPE OF CARD: Visa ☐ Mastercard ☐ Cheque ☐
CARD NUMBER: EXPIRY DATE: (/)
NAME ON CARD: SIGNATURE:

THIS AMOUNT IS PAYABLE BY THE SUPERANNUATION FUND. IT CAN BE PAID ON YOUR PERSONAL CREDIT CARE AND REIMBURSED FROM THE SUPER FUND AT A LATER DATE.