Optima Super
SMSF Administration

ESTABLISHMENT OF BARE TRUST WITH A CORPORATE TRUSTEE

Name of Your SMSF:

SMSF Trustee:

Directors' Names:

Adviser's Name, Ph # & email:

BARE TRUST & TRUSTEE DETAILS

Proposed Company Name:

We recommend checking the name availability with ASIC by clicking on the logo & searching within "Organisation & Business Names" from the dropdown

Bare Trust Name:

(If left blank we will nominate a name similar to the Bare Trust Company name nominated. ie. XYZ Holding Trust / XYZ Bare Trust)

Place of Business (not a PO Box):
Note: This will also be the Registered Office unless advised otherwise.

Street Address:

Suburb/City:

State: Postcode: Ph #:

Registered Office Address:

(if you wish to nominate Optima Super as the R.O. please state 'Administrator')

Does the Company occupy the premises?   Yes ☐   No ☐

If not, who occupies the premises?

Does the Company have the occupier's consent for the premises?   Yes ☐   No ☐

CORPORATE SHAREHOLDING

Share Ownership:
(Who is to own the shares? We will assume 'directors in equal shares' if left blank)

Share Class: ORD (Ordinary shares):   If other, please specify:

No. of shares: Price per share: $ *N.b. will assume 10 x $1.00 shares if left blank*

Are the shares beneficially held?   Yes ☐   No ☐

ie. if they are held on your own behalf & you are to receive the direct benefit from the shares, they are beneficially held (most common). If they are held in trust or for the benefit of someone else, select No.

N.b. The first Officeholder (Director 1) will default as the Chairperson and Public Officer

DIRECTOR 1		DIRECTOR 2	
Title ie. Mr/Ms [ ] D.O.B [ ]		Title ie. Mr/Ms [ ] D.O.B [ ]	
First Name		First Name	
Middle Name		Middle Name	
Surname		Surname	
City/State of Birth		City/State of Birth	
Country of Birth		Country of Birth	
TFN		TFN	
Email		Email	
Mobile		Mobile	

Residential address: if different to first page

Residential address: if different to first page

Director / Secretary: [ ]   Share-Holder: [ ]   Director / Secretary: [ ]   Share-Holder: [ ]

DIRECTOR 3		DIRECTOR 4	
Title ie. Mr/Ms [ ] D.O.B [ ]		Title ie. Mr/Ms [ ] D.O.B [ ]	
First Name		First Name	
Middle Name		Middle Name	
Surname		Surname	
City/State of Birth		City/State of Birth	
Country of Birth		Country of Birth	
TFN		TFN	
Email		Email	
Mobile		Mobile	

Residential address: if different to first page

Residential address: if different to first page

Director / Secretary: [ ]   Share-Holder: [ ]   Director / Secretary: [ ]   Share-Holder: [ ]

By signing this form:

I declare that the information in this Application is true and correct at the time of completion;

I declare that I have never been convicted of an offence involving dishonesty, have never been subject to a civil penalty order under the SIS Act, am not an undischarged bankrupt and have not been disqualified by a regulator.

I agree that Optima Super may collect, use and store my personal information for the purposes of processing this application and to provide ongoing services;

I consent to the role of member and/or office holder as noted in this application and authorise Optima Super to register the Company on my/our behalf and act as the ASIC registered agent unless advised otherwise.

I agree to the release of information between Optima Super and my adviser or their firm, if details of an adviser have been provided or if the application was submitted by the adviser;

I confirm that I have made my own decision to establish this trust based on my personal and financial circumstances and have obtained financial, legal or other advice where necessary.

APPLICANT'S SIGNATURE
Please digitally sign below

Director 1

....
Name:

Director 2 – if applicable

....
Name:

Director 3 – if applicable

....
Name:

Director 4 – if applicable

....
Name:

CHECKLIST

- [ ] All member/director details completed
- [ ] All authorisations above signed and dated
- [ ] Completed payment details, including the credit card signature, if applicable
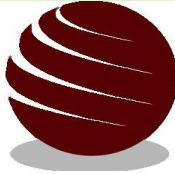- [ ] Copy of Photo ID for each Director, if not already on file

PAYMENT DETAILS

Price is dependent on which format you would like to receive the documents. Both options are inclusive of GST and the cost of ASIC registration.

PDF Version $1,295

Binder Version $1,370

Please Select

DIRECT CREDIT	"Optima Super"	**BSB:** 014-253	**A/C #** 481734266	**Ref:** *Fund name*	
-or- CREDIT CARD	**Card Type:**	Visa	Mastercard	**Expiry Date:** MM/YY	
	Card Holder Name:				
	Credit Card Number:		__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __		
	Card Holder Signature:				
-or- BY CHEQUE	Cheques should be made payable to **Optima Super**				

The order will be placed once payment has been received.
Please send this completed form to:
support@optimasuper.com.au *-or-* PO BOX 7743, EAST BRISBANE QLD 4169