

SuperEasy Preliminary SMSF Loan Assessment Application Form

SMSF Name:				
Finance Type:	Purchase		Refinance	
Off the Plan	YES		NO	

Contact Details

Title: (e.g. Mr, Mrs, Ms)	
First Name:	
Last Name:	
Email:	
Address Line 1:	
Address Line 2:	
Suburb/City:	
State:	
Postcode:	
Phone (incl. area code):	

SMSF Investment Property Details

Loan Amount:				
Property Value:				
Property Type:	Residential		Commercial	
Annual Rental Income:				
Address Line 1:				
Address Line 2:				
Suburb/City:				
State:				
Postcode:				

SMSF Details

Total Current Assets			
SMSF Trustee Type:	Individual Trustees		Corporate Trustee
Total Annual Guarantee Superannuation Contributions for all Members of the Fund:			
Number of Members in the Fund:		Oldest Fund Member Age	

Questions? Call us on **1300 554 333** or send us an e-mail to info@supereasy.com.au

Postal Address:
P.O. BOX 610
Black Rock, VIC 3193

SuperEasy Pty Ltd
ABN 48 092 141 083
www.supereasy.com.au