## Application for negative gearing trust

TO: Cooper Grace Ward Level 21, 400 George Street, Brisbane 4000 GPO Box 834, Brisbane 4001

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E applications@cgw.com.au

W www.cgw.com.au

1. Applicant	details						
Firm name:							
Contact name:							
Telephone:				Fax:			
Email address:			<u> </u>				
Postal address:							
Street address:							
Suburb/City:			State:				Postcode:
Name of propose	-						
	proposed to	rust					
	Name:						
ACN (if applicab	le):						
4. Full names	of director	s of truste	e (if con	npany)			
Full name of dire	ector:						
Full name of dire	ector:						
5. Beneficiari							
	est on externa	al loan) rece	eives a prid	ority income	distribution	on and all	akes a loan to the trust and clain remaining income is distributed ust.
Primary beneficia	ary:						
Will be lender to the ltem 9)	ne trust (refer						
Secondary bene	ficiary:						
Will receive all incorprimary beneficiary received priority di	y has						
Trustee of secon	dary benefic	iary					
Full name:							
ACN (if applicab	le):						
Full names of dir							



## 6. Exclusion of foreign persons

Many states and territories have introduced regimes that impose land tax and duty surcharges on real property where a trust is considered a 'foreign person'. Please let us know if you would like foreign persons excluded as beneficiaries for a particular state or territory in Australia (if intending to acquire real property in multiple states, we recommend establishing separate trusts, one trust for each state).

Do you want foreign persons excluded as beneficiaries	☐ Yes	☐ No					
Please circle the states in which the foreign beneficiary exclusions should apply	QLD	NSW	VIC	WA	SA	TAS	ACT
7. Settlor							
Full name of settlor:							
8. Appointor							
Full name of appointor (who has power to change trustee):							
Loan agreement details							
9. Lender	ı						
Lender to the trust (the individual who will be lending funds to the trust and claiming interest deduction):							
10. Loan							
Amount of loan to the trust:	\$						
11. External financier							
Name of external financier:							
	l						
12. External loan	Ι.						
Amount of external loan:	\$						
13. Loan account number							
Loan account number (external loan):							
The client should consider whether incurred on the external loan or winterest.							
Margin required (if any): %.							
If no percentage margin is inserted, we will prepare the documents on the basis that the priority distribution will be equal to the interest charged on the external loan.							
Dated 20							
Signature of applicant							



OPTIONAL – Payment by credit card

If you would like to pay by credit card, please complete the section below. If you would prefer we disburse our costs to your next account, please leave this section blank.

Card type:	☐ MasterCard	☐ Visa		
Card number:			Expiry date (mm/yy):	/
Name of cardholder:			Amount:	
Signature of cardholder:				
Date:			Contact phone no.:	