

APPLICATION FORM

Insurance Bond Trust (Attorney/s Acting)

Please read the following before completing this application form.

WARNING

The trust deed is intended for aged care strategies (usually involving excess funds arising from the sale of the family home of a person about to enter aged care) that seek to access various advantageous outcomes for social security asset and income test purposes.

Whether or not this deed and the relevant insurance bond achieve the intended outcomes is a matter for expert financial planning advice and we provide no warranty or guarantee as to the financial outcomes of this document.

Before completing and submitting this form we recommend that you seek expert financial planning advice from a qualified and suitably experienced financial planner.

INFORMATION

1. The "Principal" is the person who is entering into aged care and who previously granted a financial Power of Attorney to the persons who shall be acting as trustees of the Insurance Bond Trust.
2. All attorneys who are competent are to be trustees of the Insurance Bond Trust.
3. As the Insurance Bond Trust is being established at the direction/request of attorneys, the sole beneficiary of the Insurance Bond Trust is the Principal and/or their estate (executor or personal legal representative depending upon the jurisdiction).
4. By completing and submitting the Application you confirm that the Power of Attorney document:
 - a. is valid in the jurisdiction in which the Principal lives;
 - b. appoints the attorneys for financial purposes on an ongoing basis; and
 - c. that each person nominated as a trustee has been validly appointed as an attorney.

If you have any questions about completing the application form please contact:

Chris Davis

Principal

Phone: (07) 3014 6530

Email: cdavis@mcw.com.au

Taryn Hartley

Principal

Phone: (07) 3014 6513

Email: thartley@mcw.com.au

Please ensure you complete all details below, and contact us with any questions you have prior to submitting the form

PRICE

By electronic (email) delivery (PDF format)	\$400 plus GST
Next day registered post (2 bound copies)	\$425 plus GST

Note: Payment by credit card will incur a fee of 1.07% (incl GST) for VISA, MasterCard and Bankcard, and 3% (incl GST) for AMEX, on the GST inclusive price specified above.

PURCHASER'S DETAILS

Full name

Name of firm (if applicable)

Telephone

Fax

Email address

Street Address

Suburb/City

State

Postcode

Postal Address:
(if different from above)

Suburb/City:

State

Postcode

TRUST DETAILS

Full name of Principal
(person entering aged care facility)

State or Territory
(jurisdiction purposes)

POWER OF ATTORNEY DETAILS

Date of execution of Power of Attorney

TRUSTEE DETAILS

Trustee 1

Full name

Street Address

Unit, Floor, Building

Street

Suburb/City

State

Postcode

Trustee 2 (if any)

Full name

Street Address

Unit, Floor, Building

Street

Suburb/City

State

Postcode

Trustee 3 (if any)

Full name

Street Address

Unit, Floor, Building

Street

Suburb/City

State

Postcode

Trustee 4 (if any)

Full name

Street Address

Unit, Floor, Building

Street

Suburb/City

State

Postcode

RETURNING THIS FORM

After completing this form please either:

- print, sign, and fax it to McInnes Wilson Lawyers at (07) 3221 2921; or
- print, sign, scan, and email it to McInnes Wilson Lawyers at mcwonline@mcw.com.au; or

To print this form for signing click here:

To email this form to McInnes Wilson Lawyers, after confirming instructions below, click here:

CONFIRMATION OF INSTRUCTIONS

The purchaser agrees to purchase the goods and services indicated on this application form and acknowledges that legal or financial advice has not been given by McInnes Wilson Lawyers in relation to the preparation of the trust deed or the suitability of the trust deed for the Principal's circumstances.

Name _____ Sign/Confirmation _____ or _____ Date _____

Note: This application form will not be processed by McInnes Wilson Lawyers unless this section is completed.

CREDIT CARD PAYMENTS

Please debit the following credit card for the supply of goods and services indicated on this application form.

Note: Payment by credit card will incur a fee of 1.07% (incl GST) for VISA and Mastercard, and 3% (incl GST) for AMEX, on the GST inclusive price.

Credit card:

_____ Visa _____ Mastercard _____ American Express

Total Remitted: \$ _____ Expiry date: _____

plus credit card fee specified above

Cardholder's Name: _____

Card Number: _____

Cardholder's Signature: _____ Date: _____