

**THE
ROBYN OTTEY SUPERANNUATION FUND
REGISTER OF MEMBERS**

Name and Address of Members	Date Joined Fund	Date Joined Service
Neil Warren Ottey 7 Fawcett Way, Warwick WA 6024	20/08/02	
Robyn Elizabeth Elsie Ottey 7 Fawcett Way, Warwick WA 6024	20/08/02	

THE ROBYN OTTEY SUPERANNUATION FUND NOMINATION OF BENEFICIARY

I, NEIL WARREN OTTEY

Require the Trustee to pay, upon my death, benefits to the person or persons, and in the proportions, specified below:

1. Dependants

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
OTTEY	ROBYN ELIZABETH ELSIE	SPOUSE	100

OR

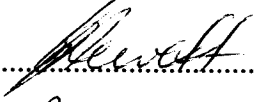
2. Legal Personal Representative *NIL* % OF BENEFIT
(to be distributed in accordance with my Will or relevant Intestacy laws)

Signature of Member: 

Witnesses

We, the undersigned, declare the Member signed and dated this form in our presence and that we are over 18 years of age; and we are neither Dependants specified above or the Legal Personal Representative of the Member.

Name of Witness: *JULIE MARIE HEWETT*

Signature of Witness: 

Name of Witness: *BRADLEY DAVID HEWETT*

Signature of Witness: 

this 20TH DAY OF AUGUST 2002

20/08/02

MR NEIL WARREN OTTEY
7 FAWCETT WAY
WARWICK WA 6024

Dear Sir/Madam

Re: **THE ROBYN OTTEY SUPERANNUATION FUND**

We are pleased to advise you that your application to join the above named Fund has been accepted by the Trustees and we enclose the NOTICE TO NEW MEMBER of the Fund. This summary describes your rights as a Member to benefits under the Fund.

This letter also confirms that the Trustee(s) of the Fund at this time are:-

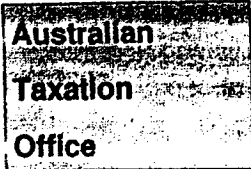
FLEXILE HOLDINGS PTY LTD

Should you have any queries regarding these matters, please do not hesitate to contact the Trustee(s).

Yours faithfully



FLEXILE HOLDINGS PTY LTD
Trustee



Superannuation Individual Tax File Number Notification via Fund Trustee or Employer

This form may be used to pass on your tax file number to your superannuation fund.

Fund Name THE REBYN OTTEY SUPERANNUATION FUND
Fund Address 7 FAWCETT WAY WARREN WA 6124
Fund Telephone No: 74481304
Your Name NEIL WARREN OTTEY

I agree to provide my Tax File Number: Yes No

My Tax File Number is:

6	1	2	0	1	4	2	2	7	1	3
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Signature

Date 20181021

Collection of tax file numbers is authorised by tax laws, the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1988. Changes to the Tax File Number (TFN) law require trustees to ask you to provide your TFN to your superannuation fund. Completing this form and providing it to your fund, will allow your fund trustee to use your TFN for the purposes contained in the Superannuation Industry (Supervision) Act 1993, for paying eligible termination payments and for surcharge purposes.

The purposes currently authorised include:

- taxing Eligible Termination Payments at concessional rates;
- finding and amalgamating your superannuation benefits where insufficient information is available;
- * passing your TFN to the Australian Taxation Office where you receive a benefit or have unclaimed superannuation money after reaching the aged pension age;
- * allowing the trustee of your superannuation fund or Retirement Savings Account to provide your TFN to another superannuation provider receiving any benefits you may transfer. Your trustee won't pass your TFN to any other provider if you tell the trustee in writing that you don't want them to pass it on; and
- * allowing your superannuation provider to quote your TFN to the ATO when reporting details of contributions for the purposes of the Superannuation Contributions Tax (Surcharge).

You are not required to provide your TFN. Declining to quote your TFN is not an offence. However, if you do not give your superannuation provider your TFN, either now or later:

- * you may pay more tax on your superannuation benefits than you will have to (you will get this back at the end of the year on your income tax assessment);
- * it may be more difficult to find your superannuation benefits if you change address without notifying your fund or to amalgamate multiple superannuation accounts; and
- * the surcharge may apply to your superannuation contributions.

The lawful purposes for which your TFN can be used and the consequences of not quoting your TFN may change in the future as a result of legislative change.

For more information, please contact your fund or the ATO Superannuation Helpline on 13 10 20.

**THE ROBYN OTTEY SUPERANNUATION FUND
APPLICATION FOR MEMBERSHIP**

Member's Name and Address: **NEIL WARREN OTTEY**
7 Fawcett Way, Warwick WA 6024

Date of Birth: **10/10/43**

Date Joining Fund: **20/08/02**

I hereby apply for Membership of the above named superannuation fund.

I understand that I shall be deemed to be bound by the Trust Deed governing the Fund. I acknowledge having been given a copy of a written "Notice to New Member" regarding my rights and those of my dependents to receive benefits under the Fund.

At the date of this application I am an eligible person for the purpose of the Trust Deed.

I understand that an "eligible person" means that

1. I have worked at least 10 hours per week in any period during the two years immediately prior to the date in which I joined the Fund and I received income in respect of that work.

OR

2. I have retired from remunerative employment and an amount of money is to be transferred into the Fund from another superannuation fund, approved deposit fund, life assurance company or registered organisation.

OR

3. I am a spouse under age 65 or if over the age of 65 years I am at least part time gainfully employed and the fund is able to accept contributions made by my spouse.

I hereby agree to the trustees appointed acting as Trustees of the above fund.

I also agree that the statements made by me in this application shall be the basis of my membership and declare that to the best of my knowledge I have not withheld any material information of which the Trustee should be advised


Signature of Applicant

Date 20-8-02

THE ROBYN OTTEY SUPERANNUATION FUND NOMINATION OF BENEFICIARY

I, ROBYN ELIZABETH ELSIE OTTEY

Require the Trustee to pay, upon my death, benefits to the person or persons, and in the proportions, specified below:

1. Dependants

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
OTTEY	NEIL WARREN	SPOUSE	100

OR

2. Legal Personal Representative *NIL* % OF BENEFIT
(to be distributed in accordance with my Will or relevant Intestacy laws)

Signature of Member: *R. Ottey*

Witnesses

We, the undersigned, declare the Member signed and dated this form in our presence and that we are over 18 years of age; and we are neither Dependants specified above or the Legal Personal Representative of the Member.

Name of Witness: *JULIE MAREE HEWETT*

Signature of Witness: *[Signature]*

Name of Witness: *BRADLEY DAVID HEWETT*

Signature of Witness: *[Signature]*

this 20TH DAY OF AUGUST 2002

20/08/02

MRS ROBYN ELIZABETH ELDIE OTTEY
7 FAWCETT WAY
WARRICK WA 6224

Dear Sir/Madam

Re: **THE ROBYN OTTEY SUPERANNUATION FUND**

We are pleased to advise you that your application to join the above named Fund has been accepted by the Trustees and we enclose the NOTICE TO NEW MEMBER of the Fund. This summary describes your rights as a Member to benefits under the Fund.

This letter also confirms that the Trustee(s) of the Fund at this time are:-

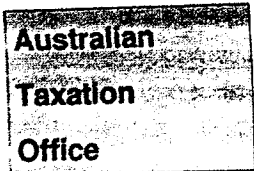
FLEXILE HOLDINGS PTY LTD

Should you have any queries regarding these matters, please do not hesitate to contact the Trustee(s).

Yours faithfully



FLEXILE HOLDINGS PTY LTD
Trustee



Superannuation Individual Tax File Number Notification via Fund Trustee or Employer

This form may be used to pass on your tax file number to your superannuation fund.

Fund Name THE ROBYN OTTEY SUPERANNUATION FUND
Fund Address 7 FAWCETT WAY, WARWICK WA 6024
Fund Telephone No: 94481304
Your Name ROBYN ELIZABETH ELSIE OTTEY

I agree to provide my Tax File Number: Yes No

My Tax File Number is:

6	2	2	3	5	7	8	5	7
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Signature R Ottey Date 20/8/02

Collection of tax file numbers is authorised by tax laws, the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1988. Changes to the Tax File Number (TFN) law require trustees to ask you to provide your TFN to your superannuation fund. Completing this form and providing it to your fund, will allow your fund trustee to use your TFN for the purposes contained in the Superannuation Industry (Supervision) Act 1993, for paying eligible termination payments and for surcharge purposes.

- The purposes currently authorised include:
- taxing Eligible Termination Payments at concessional rates;
 - * finding and amalgamating your superannuation benefits where insufficient information is available;
 - * passing your TFN to the Australian Taxation Office where you receive a benefit or have unclaimed superannuation money after reaching the aged pension age;
 - * allowing the trustee of your superannuation fund or Retirement Savings Account to provide your TFN to another superannuation provider receiving any benefits you may transfer. Your trustee won't pass your TFN to any other provider if you tell the trustee in writing that you don't want them to pass it on; and
 - * allowing your superannuation provider to quote your TFN to the ATO when reporting details of contributions for the purposes of the Superannuation Contributions Tax (Surcharge).

You are not required to provide your TFN. Declining to quote your TFN is not an offence. However, if you do not give your superannuation provider your TFN, either now or later:

- * you may pay more tax on your superannuation benefits than you will have to (you will get this back at the end of the year on your income tax assessment);
- * it may be more difficult to find your superannuation benefits if you change address without notifying your fund or to amalgamate multiple superannuation accounts; and
- * the surcharge may apply to your superannuation contributions.

The lawful purposes for which your TFN can be used and the consequences of not quoting your TFN may change in the future as a result of legislative change.

For more information, please contact your fund or the ATO Superannuation Helpline on 13 10 20.

**THE ROBYN OTTEY SUPERANNUATION FUND
APPLICATION FOR MEMBERSHIP**

Member's Name and Address: **ROBYN ELIZABETH ELSIE OTTEY
7 Fawcett Way, Warwick WA 6024**

Date of Birth: **22/04/43**

Date Joining Fund: **20/08/02**

I hereby apply for Membership of the above named superannuation fund.

I understand that I shall be deemed to be bound by the Trust Deed governing the Fund. I acknowledge having been given a copy of a written "Notice to New Member" regarding my rights and those of my dependents to receive benefits under the Fund.

At the date of this application I am an eligible person for the purpose of the Trust Deed.

I understand that an "eligible person" means that

1. I have worked at least 10 hours per week in any period during the two years immediately prior to the date in which I joined the Fund and I received income in respect of that work.

OR

2. I have retired from remunerative employment and an amount of money is to be transferred into the Fund from another superannuation fund, approved deposit fund, life assurance company or registered organisation.

OR

3. I am a spouse under age 65 or if over the age of 65 years I am at least part time gainfully employed and the fund is able to accept contributions made by my spouse.

I hereby agree to the trustees appointed acting as Trustees of the above fund.

I also agree that the statements made by me in this application shall be the basis of my membership and declare that to the best of my knowledge I have not withheld any material information of which the Trustee should be advised


Signature of Applicant

Date 20-8-2002

THE ROBYN OTTEY SUPERANNUATION FUND APPLICATION FOR MEMBERSHIP

Member's Name and Address:

Date of Birth:

Date Joining Fund: **20/08/02**

I hereby apply for Membership of the above named superannuation fund.

I understand that I shall be deemed to be bound by the Trust Deed governing the Fund. I acknowledge having been given a copy of a written "Notice to New Member" regarding my rights and those of my dependents to receive benefits under the Fund.

At the date of this application I am an eligible person for the purpose of the Trust Deed.

I understand that an "eligible person" means that

1. I have worked at least 10 hours per week in any period during the two years immediately prior to the date in which I joined the Fund and I received income in respect of that work.
- OR**
2. I have retired from remunerative employment and an amount of money is to be transferred into the Fund from another superannuation fund, approved deposit fund, life assurance company or registered organisation.
- OR**
3. I am a spouse under age 65 or if over the age of 65 years I am at least part time gainfully employed and the fund is able to accept contributions made by my spouse.

I hereby agree to the trustees appointed acting as Trustees of the above fund.

I also agree that the statements made by me in this application shall be the basis of my membership and declare that to the best of my knowledge I have not withheld any material information of which the Trustee should be advised

Signature of Applicant

Date

NOTICE TO NEW MEMBER

Pursuant to the requirements of Division 2.3 of the
Superannuation Industry (Supervision) Regulations

Dear New Member

Membership Of The Robyn Ottey Superannuation Fund

You have applied to become a Member of the above Superannuation Fund. To become a Member of the fund you must complete and sign the accompanying application form.

This information will assist you in understanding your rights and benefits as a Member of the fund.

You are entitled to receive information that will reasonably assist you to

- understand the main features of the Fund
- understanding your benefit entitlements
- understand the financial performance of the Fund
- make an informed decision regarding the management of the Fund

1. Trust Deed

The fund is governed by the fund Trust Deed, the provisions of which are available for inspection at any time from the registered office of the Trustee. The Fund is established as a regulated complying self managed superannuation fund the income of which is eligible to be taxed at a concessional rate of 15%. The Trust Deed for the Fund sets out all the terms and conditions upon which the Trustee administers the Fund, and in the event of any question of interpretation arising, the provisions of the Trust Deed will prevail unless inconsistent with SIS in which case the SIS provisions will apply. The Fund will be continuously operated as a regulated superannuation fund in accordance with the requirements of SIS and the SIS Regulations.

2. Contributions

The fund may accept contributions made by you or your employer or from any person entitled to make contributions to the Fund on your behalf. The amount of tax deductible employer contributions are subject to a maximum age based yearly limit. The amount of deductible contributions that may be made by self employed persons is also subject to an age based limit if you are self employed or substantially self employed. These maximum amounts will vary each year as published by the Regulatory Authority as they are indexed by Average Weekly Ordinary Time Earnings (AWOTE) each year. Contributions made to the Fund can be less than the maximum deductible contributions and unlimited Member contributions can be made to the fund where no tax deduction is claimed. Contributions are credited to your Member Accumulation Account.

3. Payment of Benefits

Your benefit entitlement in the Fund is the total amount held in your accumulation account which comprises all contributions and rollover payments credited to your accumulation account together with earnings on those amounts less your share of all expenses and taxation.

Benefits are payable as follows:

(a) Retirement at Normal Retirement Age (normally age 65)

A Member is entitled to a lump sum benefit of an amount equal to the Member's accumulation account on retirement from gainful employment if self employed, or on retirement from employment if an employee.

(b) Total and Permanent Disablement

The Benefits payable in respect of total and permanent disablement are the same as those payable under paragraph (a) above. The Benefit will include the amount received by the Trustee from a policy of assurance (if any) effected in relation to a Member which is received as a result of the total and permanent disablement of the Member. Qualifying for this benefit will be determined in accordance with the policy terms and conditions. A copy of the terms and conditions of the policy can be inspected upon you request.

(c) Temporary Total Disablement

If the Trustee has taken out a policy of insurance and you qualify as being disabled within the meaning of that policy then you will be entitled to the amount payable under that policy as an income benefit.

(d) Death

In the event of your death the Trustee shall pay to your dependants the full amount standing to the credit of your accumulation account as a lump sum. Added to this amount will be any amount received by the Trustee under an insurance policy (if any) received by the Trustee as a result of your death.

Members have the right to determine how they wish their death benefit to be paid and to have their decision binding on the Trustee. You may complete the accompanying binding death benefit nomination form and have it witnessed by two independent witnesses and complete the direction specifying the percentage and to whom the Trustee are to pay the benefit. The benefit must be paid either to your estate or to the dependants you specify in the nomination (or both). A binding death benefit nomination in the appropriate form is attached.

4. Payment of Benefits as a Pension

Any Member of the Fund who is entitled to a lump sum Benefit may apply to the Trustee to receive their benefit by way of a pension instead of a lump sum benefit. Certain rules apply to the payment of a pension and the alternatives should be discussed with the Trustee prior to a Member exercising this election.

5. Preserved Benefits

Generally Members benefits are payable only on retirement. The Government requires that you cannot access your benefits until you retire, these benefits are preserved, until you retire after the age of 60 years or become disabled. In limited circumstances preserved benefits may be accessed earlier when on compassionate grounds or the Regulator approves a release of benefits to a Member.

6. Tax on Payments

Where a Member of the Fund becomes eligible to receive a benefit, the Trustee is required to deduct tax from some components of the payments made to the Member. Where the Member's benefits are rolled over from another Superannuation Fund, no tax is payable until the benefit is ultimately received by the Member in the future. Details of any proposed Roll Over payments should be discussed with the Trustee.

7. Trustee

Trustees are required to be Members and all Members must be Trustees except in limited situations. The Trust Deed sets out machinery to change the Trustee if a Member leaves the fund or a Trustee becomes disqualified.

8. General Fund Information

(a) Investments

The Trustee has an investment strategy in relation to the investment of the Fund assets. You may request details of the strategy from the Trustee.

(b) Loans

No part of the Fund assets are available for loans or to provide financial assistance to Members. Nor is it possible for any entitlement from the Fund to be used as security for a borrowing from another source.

(c) Taxation

The tax-deductible contributions to the Fund will be taxable in the hands of the Trustee at the rate of 15%. Employees are not entitled to deductions for any of their personal contributions where there is employer support unless the employee is substantially self employed (less than 10% of income is from employment with an employer).

Undeducted contributions made by Members are not taxable.

The fund may also pay tax from a Member's account including the superannuation surcharge in respect of a high income earning Member as required.

(d) Medical Evidence

The Trust Deed provides the power for the Trustee to effect insurance in respect of death and disability. The insurance company request certain information in relation to your medical condition. This may require you to undertake a medical examination and to provide full details of your medical history to the Trustee. Medical evidence may also be required from you as part of the assessment for any disablement claim.

(e) Deed Variation

The Trust Deed contains a provision for the Trustee to effect a variation to the Trust Deed. No variation which is undertaken can reduce the accrued benefits of a Member without the consent of that Member except in circumstances where the reduction is required to enable the Fund to continue to comply with the regulatory requirements, or any Member affected consents to the reduction or the Regulatory Authority consents to the reduction.

(f) Fund Expenses, Fees and Other Charges

Administration expenses and other costs of the operation of the Fund are debited to Member's Accumulation Accounts including the costs of any policy of insurance; tax payable and other costs, charges and expenses incurred by the Trustee in the administration of the Fund such as the costs of preparing and lodging the required returns with the appropriate Regulatory Authority.

9. Tax File Numbers

New Members joining the Fund may provide details to the Trustee of his or her tax file number ("TFN") within 30 days of the admission of the new Member. Provision of the TFN to the Trustee is not mandatory, however, failure to provide the TFN could result in part or the whole of the contributions paid in the Fund in respect of the Member being subject to the full 15% surcharge, or in the Member's benefit being taxed at the top personal marginal rate of tax plus the Medicare levy.

An ATO Individual Tax File Number Notification form is attached to the application for Membership and should be completed at the same time as the Application for Membership.

10. Contact Details

If you require further information, inquiries regarding your benefit entitlements in the Fund or request for any additional information should be directed to the Fund's Trustee.