

Super Fund Amendment Details

WHK Financial Planning Pty Ltd. AFSL No. 238244



REQUEST TO AMEND A SELF MANAGED SUPERANNUATION FUND

This form is designed to provide the information needed to amend a Self Managed Superannuation Fund. This form is NOT to be used where there is a change to Trustee.

Standard fee for amended deed is \$550 (including GST)

1. What is the exact name of the Fund?

(e.g. "The Smith Family Superannuation Fund" or "Smith Family Super Fund")

| | |
|-----------|------------------------------|
| Fund Name | INFENSUS SUPERANNUATION FUND |
|-----------|------------------------------|

2. What is the date the original SMSF was established?

| | |
|--------------|------------|
| Date on Deed | 12/07/2005 |
|--------------|------------|

3. Which jurisdiction's laws apply to the Trust Deed?

| | |
|--------------|-----|
| Jurisdiction | NSW |
|--------------|-----|

4. How many members does the fund have?

| | |
|-------------------|---|
| Number of Members | 3 |
|-------------------|---|

Member 1

| | |
|---------------------------|-------------------|
| Family Name | OLIVER |
| Given Names | DAVID GREGORY |
| Date of Birth | 06/11/1976 |
| Place of Birth | LISMORE |
| Occupation | ACCOUNTANT |
| Street Number and Name | 16 SAPPHIRE COURT |
| Suburb | LISMORE HEIGHTS |
| State & Postcode | NSW 2480 |
| Tax File Number | 196427948 |
| Beneficiary Name | |
| Beneficiary Relationship | |
| Proportion of Benefit (%) | |

Member 2

| | |
|--|------------------|
| Family Name | OLIVER |
| Given Names | GREGORY JOHN |
| Date of Birth | 15/06/1947 |
| Place of Birth | SYDNEY |
| Occupation | FARMER |
| Street Number and Name (print same if as member 1.) | 180 FLOWERS ROAD |
| Suburb | BINNA BURRA |
| State & Postcode | NSW 2479 |
| Tax File Number | 118123193 |
| Beneficiary Name | |
| Beneficiary Relationship | |
| Proportion of Benefit (%) | |

Super Fund Amendment Details

Member 3

| | |
|---|------------------|
| Family Name | OLIVER |
| Given Names | LEONIE JUNE |
| Date of Birth | 07/05/1949 |
| Place of Birth | SYDNEY |
| Occupation | FARMER |
| Street Number and Name (print same if as member 1) | 180 FLOWERS ROAD |
| Suburb | BINNA BURRA |
| State & Postcode | NSW 2479 |
| Tax File Number | 122940148 |
| Beneficiary Name | |
| Beneficiary Relationship | |
| Proportion of Benefit (%) | |

Member 4

| | |
|---|--|
| Family Name | |
| Given Names | |
| Date of Birth | |
| Place of Birth | |
| Occupation | |
| Street Number and Name (print same if as member 1) | |
| Suburb | |
| State & Postcode | |
| Tax File Number | |
| Beneficiary Name | |
| Beneficiary Relationship | |
| Proportion of Benefit (%) | |

Super Fund Amendment Details

5. Is the Trustee a corporation?

Yes (go to the next question)

No (go to question 8)

6. What is the Name of the Trustee Company?

| | |
|---|------------------|
| Company Name | INFENSUS PTY LTD |
| ACN | 115256150 |
| Company Establishment Date or Company TFN | 12/07/2005 |

7. Registered Office of the Trustee Company

| | |
|--|--------------------------|
| Building Name | |
| Street Number and Name (print same if as member 1.) | 16 SAPPHIRE COURT |
| Suburb | LISMORE HEIGHTS |
| State & Postcode | NSW 2480 |

8. The Number of the clause in the SMSF's deed that allows the deed to be amended?

| | |
|---------------|---------|
| Clause number | Rule 54 |
|---------------|---------|

9. Also, check carefully to see if the consent of anyone other than the trustee is required before the deed can be changed.

Is someone else's consent required?

Yes (complete details below)

No go to question 10.

| | |
|--|--|
| Name | |
| The defined term used to refer to that person or entity in the original deed | |
| If they are still involved in the deed, then you need their address. | |
| If they aren't involved, then you need the name and address of any person who has replaced them. | |

Super Fund Amendment Details

10. The names of the parties to the SMSF's original deed?

| | |
|------|------------------|
| Name | INFENSUS PTY LTD |
| Name | |
| Name | |
| Name | |

11. Details of all previous amendments to the SMSF's deed.

Amendment 1

| | |
|--|--|
| Amending deed's name | |
| Amending deed's date | |
| Names of all the parties to the amending deed. | |

Amendment 2

| | |
|--|--|
| Amending deed's name | |
| Amending deed's date | |
| Names of all the parties to the amending deed. | |

Amendment 3

| | |
|--|--|
| Amending deed's name | |
| Amending deed's date | |
| Names of all the parties to the amending deed. | |

Amendment 4

| | |
|--|--|
| Amending deed's name | |
| Amending deed's date | |
| Names of all the parties to the amending deed. | |

Super Fund Amendment Details

12. Who will attend the meeting to amend the trust? (Trustees only)

| |
|----------------------|
| DAVID GREGORY OLIVER |
| GREGORY JOHN OLIVER |
| LEONIE JUNE OLIVER |
| |

13. Who will chair the meeting? (from above)

| |
|----------------------|
| DAVID GREGORY OLIVER |
|----------------------|

14. Where and when will that meeting be held?

| | |
|-------|---|
| Venue | 16 SAPPHIRE COURT, LISMORE HEIGHTS, NSW |
| Date | 19 JANUARY 2013 |
| Time | 6.00 PM |

15. Who will sign the documents?

| |
|----------------------|
| DAVID GREGORY OLIVER |
| GREGORY JOHN OLIVER |
| LEONIE JUNE OLIVER |
| |

16. Death Benefit Nominations

Does any member want to update their death benefit payment arrangements?

Member 1

- Yes
 No

| | | |
|---------------------------|---------|-------------|
| Family Name | | |
| Date of Birth | | |
| Beneficiary Name | | |
| Beneficiary Relationship | | |
| Proportion of Benefit (%) | | |
| Type | Binding | Non-Binding |

Member 2

- Yes
 No

| | | |
|---------------------------|---------|-------------|
| Family Name | | |
| Date of Birth | | |
| Beneficiary Name | | |
| Beneficiary Relationship | | |
| Proportion of Benefit (%) | | |
| Type | Binding | Non-Binding |

Super Fund Amendment Details

Member 3

Yes

No

| | | |
|---------------------------|---------|-------------|
| Family Name | | |
| Date of Birth | | |
| Beneficiary Name | | |
| Beneficiary Relationship | | |
| Proportion of Benefit (%) | | |
| Type | Binding | Non-Binding |

Member 4

Yes

No

| | | |
|---------------------------|---------|-------------|
| Family Name | | |
| Date of Birth | | |
| Beneficiary Name | | |
| Beneficiary Relationship | | |
| Proportion of Benefit (%) | | |
| Type | Binding | Non-Binding |