

**DECLARATION AND CONSENT BY TRUSTEE OF THE FUND  
UNDER SECTION 118 OF THE  
SUPERANNUATION INDUSTRY (SUPERVISION) ACT 1993**

We, Carolyn Keating and David Keating of 9 Ogilvy Street, CLONTARF, NSW 2093

**HEREBY DECLARE** that I am not a disqualified person as defined by the *Superannuation Industry (Supervision) Act 1993 (SIS Act)* and am not disqualified from acting as a trustee or director of a trustee company of a superannuation fund under the SIS Act or related legislation,

**HEREBY DECLARE** that I am aware of my responsibilities under the trust deed of the Fund referred to below having read and fully understood its contents, and also my responsibilities under the SIS Act and related legislation,

**AND HEREBY CONSENT** to act as a trustee of the **KEATING FAMILY SUPERANNUATION FUND** (or as a director of a trustee company of the Fund from time to time),

**AND I AGREE** to execute the trust deed of the Fund and to administer the Fund in accordance with the terms and conditions set out in the trust deed and other legislative requirements,

**I UNDERTAKE** to notify any other individual trustee(s) or director(s) of a trustee company of the Fund in writing if I am for any reason disqualified from continuing to act as a trustee or director of a trustee company of the Fund.

**The Trustee**

Signed, Sealed and Delivered by Carolyn Keating and David Keating in the presence of:

Carolyn Keating  
Trustee

*Carolyn Keating*

Witness Name / Signature

*ROSS ERIC HAYWOOD - R Haywood*

David Keating  
Trustee

*D. Keating*

Witness Name / Signature

*ROSS ERIC HAYWOOD - R Haywood*

\* Note re Disqualified Person (SIS Act, section 120):

The following are defined by the SIS Act as being disqualified persons:

1. persons who have at any time been convicted of an offence in respect of dishonest conduct;
2. a civil penalty order was made against the person; or
3. a person is an insolvent under administration.

A body corporate trustee is a disqualified person where:

1. a receiver and manager has been appointed in respect of property beneficially owned by the body;
2. an official manager or deputy official manager has been appointed in respect of the body;
3. a provisional liquidator has been appointed in respect of the body; or
4. the body has begun to be wound up.

N.B. A director of a trustee company must not be a disqualified person as described above.

## **APPLICATION FOR MEMBERSHIP OF THE KEATING FAMILY SUPERANNUATION FUND**

**Full Name:** Carolyn Keating

**Address:** 9 Ogilvy Street, CLONTARF, NSW 2093

**Date of Birth:** 9<sup>th</sup> March 1947

**Sex:** Female

I apply for membership of the **KEATING FAMILY SUPERANNUATION FUND (Fund)** and state or warrant as follows as a condition of my application:

1 I am not bankrupt.

2 I have had the opportunity to meet with legal, financial and accounting advisors, and am satisfied that membership in the Fund is appropriate to my circumstances and needs.

3 I understand that if I am accepted as a member, my membership may be subject to restrictions and/or classifications.

4 I understand that I may only contribute to the Fund if I am eligible under the superannuation laws to do so, and this includes any contributions made by other parties on my behalf.

5 I understand that membership in a self-managed superannuation fund (**SMSF**) carries with it risks, including but not limited to risks associated with disagreement with other members, liquidity and investment risks, and such other risks which follow the nature of a SMSF arrangement, and I am comfortable becoming a member, notwithstanding those risks.

6 I agree that, unless I provide notice to the Trustee in writing, I do not require any insurance to be held within the Fund in respect of me.

7 I undertake to provide any relevant information or documentary evidence to the Trustee and agree to submit to health and medical tests as and when requested by the Trustee.

8 I acknowledge the Trustee may collect my personal identification documents and Tax File Number(TFN), which will be treated as confidential in accordance with the *Privacy Act 1988 (Cth) (Privacy Legislation)* and will only be used for legal purposes, including:

- a providing information to the Australian Taxation Office;
- b paying employment termination payments;
- c amalgamating superannuation benefits; and
- d providing information to other superannuation funds receiving any benefits I may select (unless I ask in writing for it to be withheld).

9 My Tax File Number is: 123 521 431

10 I authorise the Trustee to retain and store information on my behalf despite any provision to the contrary in any privacy legislation.

11 I agree to all of the terms and conditions set out in the trust deed for the Fund, as amended from time to time.

12 I declare that the information I provide to the Trustee is true and correct. I acknowledge it is my responsibility to inform the Trustee of any error or changes regarding these matters.

I hereby authorise my current employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.

I hereby apply to make contributions to the Fund and agree to be bound by the trust deed and rules governing the Fund.

#### **NOMINATION OF BENEFICIARIES**

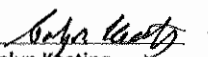
(If you wish to make a Binding Death Benefit Nomination please submit separately)

Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I hereby nominate the following persons to receive the benefit payable by the Trustees of the fund in the event of my death:

Name and Address	Relationship to member	Proportion of benefit
_____	_____	_____ %
_____	_____	_____ %

#### **The Member**

Signed by Carolyn Keating:

  
Carolyn Keating  
Member  
Dated: 17.11.22

**APPLICATION FOR MEMBERSHIP OF  
THE KEATING FAMILY SUPERANNUATION FUND**

**Full Name:** David Keating

**Address:** 9 Ogilvy Street, CLONTARF, NSW 2093

**Date of Birth:** 22<sup>nd</sup> June 1939

**Sex:** Male

I apply for membership of the **KEATING FAMILY SUPERANNUATION FUND (Fund)** and state or warrant as follows as a condition of my application:

1 I am not bankrupt.

2 I have had the opportunity to meet with legal, financial and accounting advisors, and am satisfied that membership in the Fund is appropriate to my circumstances and needs.

3 I understand that if I am accepted as a member, my membership may be subject to restrictions and/or classifications.

4 I understand that I may only contribute to the Fund if I am eligible under the superannuation laws to do so, and this includes any contributions made by other parties on my behalf.

5 I understand that membership in a self-managed superannuation fund (**SMSF**) carries with it risks, including but not limited to risks associated with disagreement with other members, liquidity and investment risks, and such other risks which follow the nature of a SMSF arrangement, and I am comfortable becoming a member, notwithstanding those risks.

6 I agree that, unless I provide notice to the Trustee in writing, I do not require any insurance to be held within the Fund in respect of me.

7 I undertake to provide any relevant information or documentary evidence to the Trustee and agree to submit to health and medical tests as and when requested by the Trustee.

8 I acknowledge the Trustee may collect my personal identification documents and Tax File Number(TFN), which will be treated as confidential in accordance with the *Privacy Act 1988 (Cth) (Privacy Legislation)* and will only be used for legal purposes, including:

- a providing information to the Australian Taxation Office;
- b paying employment termination payments;
- c amalgamating superannuation benefits; and
- d providing information to other superannuation funds receiving any benefits I may select (unless I ask in writing for it to be withheld).

9 My Tax File Number is: 112 460 220

10 I authorise the Trustee to retain and store information on my behalf despite any provision to the contrary in any privacy legislation.

11 I agree to all of the terms and conditions set out in the trust deed for the Fund, as amended from time to time.

12 I declare that the information I provide to the Trustee is true and correct. I acknowledge it is my responsibility to inform the Trustee of any error or changes regarding these matters.

I hereby authorise my current employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.

I hereby apply to make contributions to the Fund and agree to be bound by the trust deed and rules governing the Fund.

#### **NOMINATION OF BENEFICIARIES**


(If you wish to make a Binding Death Benefit Nomination please submit separately)

Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I hereby nominate the following persons to receive the benefit payable by the Trustees of the fund in the event of my death:

Name and Address	Relationship to member	Proportion of benefit
_____	_____	_____ %
_____	_____	_____ %

#### **The Member**

Signed by David Keating:

  
David Keating  
Member  
Dated: 12/11/22