

BINDING DEATH BENEFIT NOMINATION FORM

Ashton Superannuation Fund

To: The Trustee of the Ashton Superannuation Fund

1. Joanne Ashton of 38 Buccaneer Way ^{Loomera} TFN 490197624

- 1 revoke all former binding death benefit nominations I have made (if any) in respect of my membership in the Fund and declare this to be my last binding death benefit notice; and
- 2 nominate the following persons to receive all benefits payable in respect of my membership in the Fund on or after my death:

Surname	Given name	Relationship	Specify \$ or % amount	Manner of Payment*
Ashton	Robert	Husband	25%	Lump Sum
Moran	Samuel	Son	25%	Lump Sum
Moran	Kristie	Daughter	25%	Lump Sum
Moran	Jessie	Daughter	25%	Lump Sum

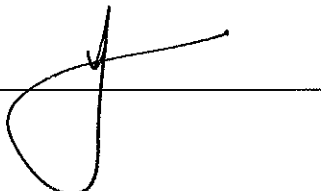
If any person nominated in the above table should predecease me, then I direct the Trustees of the Fund to distribute the benefits allocated to that person equally among the remaining nominated persons. If there are no remaining nominated persons at the time of my death, I direct that the Trustees pay my superannuation benefits to the following persons or, if there are no persons nominated in the below table, to my legal personal representative.

Surname	Given name	Relationship	Specify \$ or % amount	Manner of Payment*

* If no Manner of Payment is specified, the Trustees of the Fund will have the discretion to pay the death benefits as one or more lump sums or as a pension.

- 3 I acknowledge that the nominated persons are:
 - (a) my dependants for the purposes of superannuation law being:
 - (i) a spouse
 - (ii) a child;
 - (iii) a person who is financially dependent on me; or
 - (iv) a person with whom I am in an interdependency relationship; or
 - (b) my legal personal representative.

Dated: 30, 7, 13.

J Jo Ashton
Name: 

Witness declaration

First witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by _____ in my presence; and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: / /

Signature of witness

Name of witness (*please print*)

Address of witness (*please print*)

Second witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by _____ in my presence; and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: / /

Signature of witness

Name of witness (*please print*)

Address of witness (*please print*)

Important notice

You should seek legal advice if your personal or financial circumstances change or if you wish to amend or revoke your existing binding death benefit nomination. You should regularly review your binding death benefit nomination to ensure it still matches your circumstances

If you wish to amend or revoke your binding death benefit nomination, the Trustees of the Fund can provide you with a form on request. The form should be witnessed by two people 18 years or over who are not named in the original binding nomination or the subsequent amendment or revocation.

We recommend the date the member signs the form should also be the date the witnesses sign the declaration to ensure the binding death benefit nomination is not challenged.

BINDING DEATH BENEFIT NOMINATION CHECKLIST

Checklist for the Ashton Superannuation Fund

Member: _____

Member requirements

- The nomination must be in writing
- The nomination must be signed
- The nomination must be dated
- The nominated dependants must be:
 - (a) your superannuation dependants, which are:
 - (i) your spouse;
 - (ii) your children;
 - (iii) a person who is financially dependent on you; or
 - (iv) a person with whom you are in an interdependency relationship; or
 - (b) your legal personal representative
- An interdependency relationship is characterised by:
 - (a) a close personal relationship with another person;
 - (b) you live together;
 - (c) either of you provides the other with financial support; and
 - (d) either of you provides the other with domestic support and personal care.
- You will still be considered to be in an interdependency relationship if you do not satisfy the above requirements on the basis of the physical, intellectual or psychiatric disability of either party.
- The percentages allocated to the nominated beneficiary or beneficiaries must total 100%.

Witness requirements

- The nomination form must be signed by two witnesses
- The witnesses must be at least 18 years
- The witnesses cannot be a nominated beneficiary
- The witnesses must sign a declaration stating that the member signed the nomination form in their presence

Amending the nomination form

- The nomination form should be revised if your personal or financial circumstances change

Legal advice

- You should receive legal advice every time you amend or revoke your binding death benefit nomination

Trust deed

- You should check your superannuation deed to ensure that it allows you to make binding death benefit nominations and does not impose any additional requirements

Time frame

- The trust deed for a self managed superannuation fund provides for a binding death benefit nomination to apply indefinitely where the nomination form is correctly completed and executed

BINDING DEATH BENEFIT NOMINATION FORM

Ashton Superannuation Fund

To: The Trustee of the Ashton Superannuation Fund

1. Robert Ashton of 58 Alexander Way Womersley TFN 490 053 391

- 1 revoke all former binding death benefit nominations I have made (if any) in respect of my membership in the Fund and declare this to be my last binding death benefit notice; and
- 2 nominate the following persons to receive all benefits payable in respect of my membership in the Fund on or after my death:

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Surname	Given name	Relationship	Specify \$ or % amount	Manner of Payment*

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 - (iii) a person who is financially dependent on me; or
 - (iv) a person with whom I am in an interdependency relationship; or
 - (b) my legal personal representative.

Dated: / /

R
Name: _____

Please complete

Witness declaration

First witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by _____ in my presence; and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: / /

Signature of witness

Name of witness (*please print*)

Address of witness (*please print*)

Second witness

I confirm that:

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Dated: / /

Signature of witness

Name of witness (*please print*)

Address of witness (*please print*)

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Trustee declaration

To be completed by new trustees and directors of corporate trustees of self-managed super funds.



Read this declaration in conjunction with *Self-managed super funds – Key messages for trustees* (NAT 71128).



WHO SHOULD COMPLETE THIS DECLARATION?

You must complete this declaration if you become a **new** trustee (or director of a corporate trustee) of:

- a **new** self-managed super fund (SMSF)
- an **existing** SMSF.

You must sign this declaration within 21 days of becoming a trustee or director of a corporate trustee of an SMSF.

A separate declaration is required to be completed and signed by each and every new trustee.

A legal personal representative who holds an enduring power of attorney granted by a member may become a trustee or a director of the corporate trustee of the SMSF in place of the member. If they do, they are also required to complete and sign this declaration.

INFORMATION YOU NEED TO READ

Make sure you read *Self-managed super funds – Key messages for trustees* (NAT 71128). It highlights some of the key points from the declaration and some important messages for you.

BEFORE COMPLETING THIS DECLARATION

Before you complete and sign this declaration, make sure you:

- read each section
- understand all the information it contains.

➤ If you have any difficulties completing this declaration or you do not fully understand the information it contains:

- speak to a professional adviser
- visit www.ato.gov.au
- phone us on 13 10 20.

If you're not familiar with some of the terms used in this declaration or you need more information, refer to *Running a self-managed super fund* (NAT 11032).

WHEN COMPLETING THIS DECLARATION

When you complete this declaration, remember to:

- insert the full name of the fund at the beginning
- sign and date it
- ensure it is signed and dated by a witness (anyone 18 years old or over).

WHAT SHOULD I DO WITH THE DECLARATION?

You must keep your completed declaration for at least 10 years and make it available to us if we request it.

We recommend that you keep a copy of your completed declaration and *Self-managed super funds – Key messages for trustees* (NAT 71128) and refer to them when making important decisions, such as those relating to investments, making contributions and paying a pension or lump sum.

❗ Do not send your completed declaration to us.



Self-managed super fund trustee declaration

I understand that as an individual trustee or director of the corporate trustee of

Fund name

Ashton Superannuation Fund

I am responsible for ensuring that the fund complies with the *Superannuation Industry (Supervision) Act 1993 (SISA)* and other relevant legislation. The Commissioner of Taxation (the Commissioner) has the authority and responsibility for administering the legislation and enforcing the fund's compliance with the law.

I must keep myself informed of changes to the legislation relevant to the operation of my fund and ensure the trust deed is kept up to date in accordance with the law and the needs of the members.

If I do not comply with the legislation, the Commissioner may take the following actions:

- impose administrative penalties on me
- enter into agreements with me to rectify any contraventions of the legislation
- disqualify me from being a trustee or director of a corporate trustee of any superannuation fund in the future
- remove the fund's complying status, which may result in a significant tax penalty on the fund
- prosecute me under the law, which may result in fines or imprisonment.

SOLE PURPOSE

I understand it is my responsibility to ensure the fund is maintained for the purpose of providing benefits to its members upon their retirement (or attainment of a certain age) or their beneficiaries if a member dies.

TRUSTEE DUTIES

I understand that by law I must:

- act honestly in all matters concerning the fund
- exercise skill, care and diligence in managing the fund
- act in the best interests of all the members of the fund
- ensure that retirement benefits are only accessed by members upon a legitimate condition of release being met
- not enter into transactions that circumvent restrictions on the payment of benefits
- ensure that my money and other assets are kept separate from the money and other assets of the fund
- take appropriate action to protect the fund's assets (for example, have sufficient evidence of the ownership of fund assets)
- not enter into any contract or do anything that would prevent me from, or hinder me in, properly performing or exercising my functions or powers as a trustee or director of the corporate trustee of the fund
- prepare and implement an investment strategy that takes the whole of the fund's circumstances into account, which includes, but is not limited to
 - the risks associated with the fund's investments
 - the likely return from investments, taking into account the fund's objectives and expected cash flow requirements
 - investment diversity and the fund's exposure to risk due to inadequate diversification
 - the liquidity of the fund's investments having regard to the fund's expected cash flow requirements in discharging its existing and prospective liabilities
- allow all members of the fund to have access to information and documents as required, including details about
 - the financial situation of the fund
 - the investments of the fund
 - the members' benefit entitlements.

Investment restrictions

I understand that, as a trustee or director of the corporate trustee of the fund, subject to certain limited exceptions specified in the law, I am prohibited from the following:

- lending money of the fund to, or providing financial assistance to, a member of the fund or a member's relative (financial assistance means any assistance that improves the financial position of a person directly or indirectly, including the provision of credit)
- acquiring assets (other than business real property, listed securities, certain in-house assets and acquisitions made under mergers allowed by special determinations or acquisitions as a result of a breakdown of a relationship) for the fund from members or other related parties of the fund
- borrowing money (or maintaining an existing borrowing) on behalf of the fund except in certain limited circumstances
- having more than 5% of the market value of the fund's total assets at the end of the income year as in-house assets (these are loans to, or investments in, related parties of the fund – including trusts – or assets subject to a lease or lease arrangement between the trustee and a member, relative or other related party)
- entering into investments on behalf of the fund that are not made or maintained on an arm's length (commercial) basis (this ensures the purchase or sale price of the fund's assets reflects their market value).

Accepting contributions and paying a benefit

I understand that I can only accept contributions and pay benefits (pensions or lump sums) to members or their beneficiaries when the conditions specified in the law and the fund's trust deed have been met.

Administration

I understand that the trustees of the fund must:

- ☑ keep and retain for at least 10 years
 - minutes of all trustee meetings at which matters affecting the fund were considered (this includes investment decisions and decisions to appoint members and trustees)
 - records of all changes of trustees, including directors of the corporate trustee
 - each trustee's consent to be appointed as a trustee of the fund or a director of the corporate trustee
 - all trustee declarations
 - copies of all reports given to members
- ☑ ensure that the following are prepared and retained for at least five years
 - an annual statement of the financial position of the fund
 - an annual operating statement
 - copies of all annual returns lodged
 - accounts and statements that accurately record and explain the transactions and financial position of the fund
- ☑ ensure that an approved auditor is appointed no later than 31 days before the due date of the fund's annual return to audit the fund for each income year, and provide that auditor with documents as requested
- ☑ lodge the fund's annual return, completed in its entirety, by the due date
- ☑ notify the ATO within 28 days of any changes in the
 - membership of the fund, or trustees or directors of the corporate trustee
 - name of the fund
 - details of the contact person and his/her contact details
 - postal address, registered address or address for service of notices for the fund
- ☑ notify the ATO in writing within 28 days of the fund being wound up or after becoming aware that the fund has ceased to be an SMSF.

DECLARATION

By signing this declaration I acknowledge that I understand my duties and responsibilities as a trustee or director of the corporate trustee of the self-managed superannuation fund named on this declaration (or if the fund's name changes, that name). I understand that:

- ☑ I must ensure this document is retained for at least 10 years or while I remain a trustee or director of the corporate trustee (whichever is longer) and, if I fail to do this, penalties may apply
- ☑ I may have to make this document available for inspection by a member of staff of the ATO and, if I fail to do this, penalties may apply.

Trustee's or director's name

Joanne Ashton

Trustee's or director's signature

[Handwritten signature]

Date

Day: 23 / Month: 02 / Year: 2012

Witness' name (witness must be 18 years old or over)

Susan Livingstone

Witness' signature

[Handwritten signature]

Date

Day: 23 / Month: 02 / Year: 2012

SCHEDULE 9 – CONSENT TO ACT AS TRUSTEE

Z2

Pursuant to Section 118 of the Superannuation Industry (Supervision) Act 1993

I, Joanne Ashton

of 58 Buccaneer Way, Coomera Q 4209

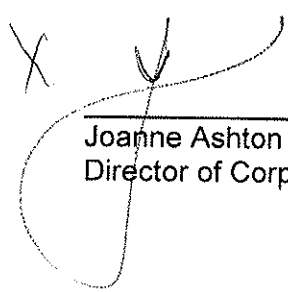
HEREBY DECLARE that I am not *disqualified from acting as a trustee of a superannuation fund under the Superannuation Industry (Supervision) Act 1993.

AND HEREBY CONSENT to act as Director of the Corporate Trustee of Ashton Superannuation Fund constituted on the 3rd April 1995.

AND I AGREE to execute the Trust Deeds and to administer the Fund in accordance with the terms and conditions set out in the Trust Deed.

I UNDERTAKE to notify any other Trustee of the Fund and APRA / ATO in writing if we are for any reason disqualified from continuing to act as a trustee.

DATED the 23 day of February 2012

X


Joanne Ashton
Director of Corporate Trustee

* **Note re: disqualification:**

The Superannuation Industry (Supervision) Act 1993 provides that the following persons are disqualified from acting as a trustee:

1. Persons who have prior convictions involving dishonest conduct, wherever or whenever such conviction may have occurred.
2. Persons who are insolvent, bankrupt, or have entered into arrangements, assignments or compositions with creditors under Part X of the Bankruptcy Act 1966 (Cth) or a similar foreign law.
3. Persons in relation to whom a civil penalty order has been made under the Superannuation Industry (Supervision) Act 1993.

JA

SCHEDULE 9 - CONSENT TO ACT AS DIRECTOR OF CORPORATE TRUSTEE

Z2

Pursuant to Section 118 of the Superannuation Industry (Supervision) Act 1993

We, Robert Ashton & Gail Ashton

of PO Box 358, Sanctuary Cove, QLD, 4212

being directors of Ashton Family Pty Ltd

In its capacity as Trustee (the "Corporate Trustee") of Ashton Superannuation Fund

DO HEREBY DECLARE:

1. That I/we are not *disqualified from acting as director(s) of the Corporate Trustee under the Superannuation Industry (Supervision) Act 1993; and
2. That I/we consent to acting as director(s) of the Corporate Trustee;
3. That I/we will notify the Corporate Trustee and APRA / ATO immediately if I/we should become a disqualified person.

DATED the 3rd day of April 1995



Robert Albert Ashton
Member 1



Gail Elizabeth Ashton
Member 2

* **Note re: disqualification**

The Superannuation Industry (Supervision) Act 1993 provides that the following persons are disqualified from acting as a director of a Corporate Trustee:

1. Persons who have prior convictions involving dishonest conduct, wherever or whenever such conviction may have occurred.
2. Persons who are insolvent, bankrupt, or have entered into arrangements, assignments or compositions with creditors under Part X of the Bankruptcy Act 1966 (Cth) or a similar foreign law.
3. Persons in relation to whom a civil penalty order has been made under the Superannuation Industry (Supervision) Act 1993.

26 April 2012

J Ashton
58 Buccaneer Way
Coomera QLD 4209

Dear Joanne

YOUR MEMBERSHIP OF ASHTON SUPERANNUATION FUND

Let me first take this opportunity to welcome you as a member of the above named superannuation fund. The Superannuation Industry (Supervision) Act requires me to provide you with the following information:

Trust Deed

The superannuation fund is governed by a Trust Deed. The Trust Deed sets out how the Trustee shall administer the Fund. A copy of the Trust Deed is available from the Trustee.

The Fund complies with Section 42(1) of the Superannuation Industry (Supervision) Act ("SIS") and is therefore taxed at a concessional rate. The Fund will be operated as a regulated superannuation fund in accordance with the requirements of the SIS Act and Regulations.

Contributions

Contributions may be made to the Fund by you and your employer. The amount of tax deductible contributions is governed by the Income Tax Assessment Act 1936 (as amended) and is, like all government legislation, subject to change at any time. Currently, the maximum amount of deductible contributions is based upon the age of the employee. This maximum amount is indexed each year by increase in Average Weekly Ordinary Time Earnings. You can contribute any amount you wish to the Fund each year but you and/or your employer can only obtain a tax deduction for the maximum allowable amount based on your age. All contributions made by you to the Fund are credited to your Members Account.

The Fund is operated as an accumulation fund.

Membership Classification

You are an ordinary member of the Fund. The Fund has only one type of membership.

Payment of Benefits

The amount of benefit that you are entitled to receive from the Fund is your Accumulated Balance at the date you leave the fund. Your benefit is determined by:

- (a) The contributions made by you to the Fund,
- (b) contributions made by your employer (if any) to the Fund, and
- (c) the net earnings on these contributions.

From this amount you must deduct your proportionate share of fees charges expenses and tax (including any additional Contributions Tax payable under Superannuation Contributions Surcharge & Collection Act 1997) of the Fund determined in accordance with the terms of the Trust Deed.

Benefits payable are as follows:

(a) Retirement at Retirement Age

Lump Sums

A member is entitled to a lump sum benefit on retirement. The amount of the lump sum would be the total of your Member's Account at your retirement date. You may however decide to receive this benefit as a pension rather than a lump sum.

Pensions

A member is entitled to receive a pension on retirement. The pension, or where circumstances permit, an allocated pension, is usually funded by the total of your Members Account at your retirement date. In certain circumstances, annuities can be purchased with the amounts set aside to pay pensions. In some circumstances, a fund may maintain a segregated pension payment account.

(b) Total and Permanent Disablement

The amount payable to you in event of Total and Permanent Disablement are the same as those described in paragraph (a) above. If the Trustee has taken out an insurance policy on your behalf that includes a disablement component, a benefit may also be payable to you under this policy.

(c) Temporary Total Disablement

If the Trustee has taken out an insurance policy on your behalf that includes disablement component, a benefit may also be payable to you under this policy.

(d) Early Retirement

The amount payable to you by the Fund in the case of early retirement would normally be determined in accordance with paragraph (a) above. This however is dependant upon the minimum retirement age as determined by government legislation which may require benefits from superannuation funds to be quarantined until a member attains a certain age.

(e) Death

In the event of the death of a member, the members accumulated benefits will be paid to the Member's Dependents as a lump sum, unless taken prior as a pension by the deceased member. If the Trustee has taken out an insurance policy on your behalf that includes death component, a benefit may also be payable to your beneficiaries under this policy.

Trustee

The Trustee is required to act in the best interests of members of the Fund. The SIS Act also sets out statutory obligations and standards that the Trustee must adhere to. The method of appointment and removal of the trustee is set out in the Trust Deed.

Details of the Trustee of the Fund is as follows:

ASHTON FAMILY PTY LTD
ACN: 068 919 531
58 BUCCANEER WAY
COOMERA QLD 4209
TEL: 07 55618800
CONTACT: ROBERT ALBERT ASHTON

General Fund Information

Investment Strategy

The Fund has an established investment strategy a copy of which can be obtained from the Trustee. Details will be included with your Annual Report.

Loans

The Trust Deed does not allow the Trustee to lend monies to Fund members or for Fund members to use entitlements due from the Fund as security for borrowings.

Taxation

Contributions made to the Fund are taxable in the hands of the Trustee. The current rate of tax is 15%. Depending on your level of contributions and your "adjusted taxable income", additional contributions tax (up to 15%) may also be payable. However, this additional contributions tax is usually only payable for contributions received on or before 30th June 2005 and where a members adjusted taxable income was above ATO thresholds.

Deed Variation

The Trust Deed can be varied by the Trustee with the consent of the employer. Variations to the Trust Deed cannot reduce the accrued benefits of members without the consent of that member except where the variation is required for the Fund to continue to comply with the SIS Act or other legislation.

Internal Inquiries and Complaints

The Trustee has established a mechanism for dealing with inquiries and complaints in relation to the Fund as required by the provisions of the Superannuation (Resolution of Complaints) Act 1993. Further details in relation to this procedure may be obtained from the Trustee.

Superannuation Complaints Tribunal

If you are not satisfied with the Trustee's handling of your complaint or its decision, you may contact the Superannuation Complaints Tribunal. The Tribunal is an independent body set up by the Federal Government to assist members or beneficiaries to resolve certain types of complaints with fund trustees. You can contact the Superannuation Complaints Tribunal by telephoning 13 14 34 (for the cost of a local call). The Tribunal may be able to assist you to resolve your complaint, but only if you are not satisfied with the response received from the Trustee's handling of your complaint. If the Tribunal accepts your complaint, it will attempt to resolve the matter through enquiry and conciliation. If this is unsuccessful, the complaint is formally referred to the Tribunal for a determination which is binding.

Eligible Rollover Funds

The Trustees are required to advise you of the circumstances in which the Trustees would pay a members benefit into an Eligible Rollover Fund. Such a payment could arise when you are unable to be located or when the Trustees are required by the Superannuation Industry (Supervision) Act 1993 standard to pay small amounts of benefits to an Eligible Rollover Fund.

Earnings Rate

The rate of allotment of net earnings of the Fund over the past 5 years is available from the Trustee.

Should you require any further information on the Fund or its operation, please do not hesitate to contact the Trustee.

Yours faithfully



ROBERT ALBERT ASHTON
REPRESENTING ASHTON FAMILY PTY LTD

APPLICATION FOR MEMBERSHIP AND CONSENT TO TRUSTEE

Full Name: JOANNE ELLEN ASHTON Date of Birth: 13/03/1961

Address: 58 BUCCANEER WAY, COOMERA QLD 4209

Tax File Number: 490 197 624

I apply to become a member of the **ASHTON SUPERANNUATION FUND** ("Fund") and agree to be bound by the Deed and the Rules annexed to the Deed (together called "**Deed**") which govern the Fund.

I understand that the Fund is an accumulation superannuation fund and that there is no guarantee by the Trustee or my Employer of the size of my benefits as my benefit depends upon the investment performance of the Fund.

I acknowledge that **ASHTON FAMILY PTY LIMITED** (ACN 068 919 531) is the Trustee of the Fund.

I hereby appoint the Trustee my attorney to sign all such deeds and instruments and to do all such things as the Trustee considers necessary or desirable in order to carry out and give effect to the Deed or the powers vested in the Trustee.

In the event of my death I wish the Trustee to pay any benefit payable to my dependants nominated below, though I acknowledge that the Trustee is not bound by this nomination.

Name	Relationship	Percent of Benefit
_____	_____	_____
_____	_____	_____

NOTE: You may choose to nominate one or more persons, or you may nominate your estate if you wish. You should consider the taxation and other implications in completing this notification and, if you should nominate your estate, you should ensure that your Will is appropriate.

INFORMATION YOU SHOULD CONSIDER BEFORE GIVING US YOUR TAX FILE NUMBER

As the trustees of your superannuation fund we are required to tell you the following things before you provide your tax file number (TFN) to us. Your TFN is confidential, and you should know the following things before you decide to provide it:

- (a) We can collect your tax file number under the *Superannuation Industry Supervision Act 1993*.
- (b) If you do provide your tax file number to us, we will use it only for legal purposes. This includes finding or identifying your superannuation benefits where other information is insufficient, calculating tax on any eligible termination payment that you may be entitled to, calculating your superannuation contributions surcharge, and providing information to the Commissioner of Taxation. These purposes may change in the future.
- (c) It is not an offence to choose not to quote your tax file number. But if you do not tell us your tax file number, either now or later, you may pay more tax on your benefits than you have to (you may reclaim this through the income tax assessment process). You will have to pay the surcharge on all your taxable contributions or specified roll-over amounts that constitute the roll-over of amounts that are eligible termination payments (the Commissioner of Taxation must amend the assessment to the amount that would have been payable had you quoted your tax file number). It may also be more difficult to find your benefits in the future to pay you any superannuation benefits that you are entitled to, or to amalgamate or find any other benefits for you. These consequences may change in the future.
- (d) If you provide your tax file number to us, we may provide it to the trustee of any other superannuation fund to which your benefits are transferred to in the future. We will not pass your tax file number to any other fund if you tell us in writing that you do not want us to pass it on. We may also give it to the Commissioner of Taxation. Otherwise we will treat it as confidential.

ASHTON SUPERANNUATION FUND

03/04/95

ROBERT ALBERT ASHTON
LOT 100 LAVELLE DRIVE
LOGAN VILLAGE QLD 4207

Dear Sir/Madam,

Re: Notice to New Member pursuant to Regulation 2.15 of Superannuation Industry (Supervision) Regulations 1993 in relation to the following Superannuation Fund;

ASHTON SUPERANNUATION FUND

We wish to advise that your Application for Membership of the above Superannuation Fund has been accepted.

The Superannuation Fund is governed by a Trust Deed which is available for inspection by Members at the office of the Trustee(s) during business hours. The Deed sets out the terms and conditions upon which the Trustee administers the Fund.

The Deed is established as a complying superannuation fund the income of which is taxed at a concessional rate pursuant to the provisions of Part IX of the Income Tax Assessment Act. Contributions made to the Fund are taxable in the hands of the Trustee at a rate fixed by the Government. Currently the rate is 15% per annum.

Contributions to the Fund can be made by both yourself and your employer. As the maximum amount which can be contributed in respect of a Member of the Fund is determined by criteria specified by the Insurance and Superannuation Commission (ISC) you should ascertain what contributions are being made by your employer if you desire to make personal contributions. The Fund is conducted as an allocated accumulation Fund.

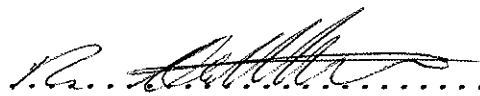
Upon retirement, normally at age 65, a Member is entitled to a lump sum benefit of an amount equal to the Member's Contribution Account.

Benefits payable in respect of Total and Permanent Disability are the same as those payable upon retirement. In addition, any amounts received by the Trustee from any policy of insurance as result of the Total and Permanent Disability of the Member will be payable to such Member.

In the event of the death of a Member prior to normal retirement age, the Trustee shall pay to the Dependants of such Member an amount equal to the Member's Contribution Account. In addition, any amounts received by the Trustee from any policy of insurance as result of the death of the Member will be payable to the Dependants of such Member.

Further information regarding the above and other matters can be obtained by reading a copy of the Trust Deed.

Yours faithfully,

..........
Signed for and on behalf of the Trustee(s)

THE TRUSTEE
ASHTON SUPERANNUATION FUND
59 GEORGE STREET
BEENLEIGH QLD 4207

Re: Application For Membership

I, the undersigned person, being eligible, hereby apply for admission to membership of the Superannuation Fund.

I undertake as follows:

- (i) I will be bound by the Trust Deed governing the Fund as it is presently constituted or as it may be by varied from time to time.
- (ii) I understand the terms and conditions of the Trust Deed including benefits payable to Members and understand my rights and the rights of my dependants pursuant to the Trust Deed.

My personal details are as follow;

Full Name: ROBERT ALBERT ASHTON
Address: LOT 100 LAVELLE DRIVE
LOGAN VILLAGE QLD 4207
D.O.B.: 25/06/58
Salary: \$
Employer: ASHTON FAMILY PTY. LTD.
: A.C.N. 068 919 531
Address: 59 GEORGE STREET
BEENLEIGH QLD 4207
Date Employment Commenced: / /

I hereby acknowledge that the discretion vested in you by Rule 12.2 of the Fund is an absolute free and unfettered discretion but I express the wish that in the exercise of such discretion you give consideration to paying any death benefit in the following proportions:

Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	Proportion of Benefit
--------------------------------	-----------------------------------	------------------------	-----------------------

.....
.....
.....

Dated this APRIL 3, 1995

Yours faithfully


.....
ROBERT ALBERT ASHTON

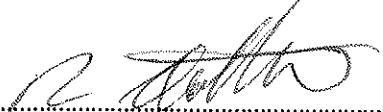
ACKNOWLEDGEMENT BY MEMBER

I acknowledge that I am aware that:

- (a) My provision, and your receipt, of my tax file number is authorised under the *Superannuation Industry Supervision Act 1993*.
- (b) If I provide my tax file number to you, you will only use it for legal purposes. This includes finding or identifying my superannuation benefits where other information is insufficient, calculating tax on any eligible termination payment that I may be entitled to, calculating my superannuation contributions surcharge, and providing information to the Commissioner of Taxation. These purposes may change in the future.
- (c) I don't have to provide my tax file number to you. If I don't provide it, I will commit no offence. But if I don't tell you my tax file number, I may pay more tax on my benefits that I have to (I may reclaim this through the income tax assessment process). The fund (out of my contributions) will have to pay the surcharge on all my taxable contributions or specified roll-over amounts that constitute the roll-over of amounts that are eligible termination payments (the Commissioner of Taxation must amend the assessment to the amount that would have been payable had I quoted my tax file number when I do quote my tax file number). It may also be more difficult to find me in the future to pay me any superannuation benefits I haven't claimed, or to amalgamate or find any other benefits for me. The consequences may change in the future.
- (d) If I provide by tax file number to you, you may provide it to the trustee of any other superannuation fund to which any remaining benefits of mine might be transferred in the future. You will not pass my tax file number to any other fund if I tell you in writing that I do not want you to pass it on. You may also give it to the Commissioner of Taxation. Otherwise you will treat it as confidential.

Date: 23 February 2012

SIGNED by me in the
presence of:


.....
Witness


.....
Print Name

)
)
)
)
)
)

.....
Joanne Ashton

ASHTON SUPERANNUATION FUND

03/04/95

GAIL ELIZABETH ASHTON
LOT 100 LAVELLE DRIVE
LOGAN VILLAGE QLD 4207

Dear Sir/Madam,

Re: Notice to New Member pursuant to Regulation 2.15 of Superannuation Industry (Supervision) Regulations 1993 in relation to the following Superannuation Fund;

ASHTON SUPERANNUATION FUND

We wish to advise that your Application for Membership of the above Superannuation Fund has been accepted.

The Superannuation Fund is governed by a Trust Deed which is available for inspection by Members at the office of the Trustee(s) during business hours. The Deed sets out the terms and conditions upon which the Trustee administers the Fund.

The Deed is established as a complying superannuation fund the income of which is taxed at a concessional rate pursuant to the provisions of Part IX of the Income Tax Assessment Act. Contributions made to the Fund are taxable in the hands of the Trustee at a rate fixed by the Government. Currently the rate is 15% per annum.

Contributions to the Fund can be made by both yourself and your employer. As the maximum amount which can be contributed in respect of a Member of the Fund is determined by criteria specified by the Insurance and Superannuation Commission (ISC) you should ascertain what contributions are being made by your employer if you desire to make personal contributions. The Fund is conducted as an allocated accumulation Fund.

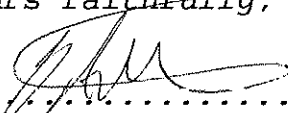
Upon retirement, normally at age 65, a Member is entitled to a lump sum benefit of an amount equal to the Member's Contribution Account.

Benefits payable in respect of Total and Permanent Disability are the same as those payable upon retirement. In addition, any amounts received by the Trustee from any policy of insurance as result of the Total and Permanent Disability of the Member will be payable to such Member.

In the event of the death of a Member prior to normal retirement age, the Trustee shall pay to the Dependents of such Member an amount equal to the Member's Contribution Account. In addition, any amounts received by the Trustee from any policy of insurance as result of the death of the Member will be payable to the Dependents of such Member.

Further information regarding the above and other matters can be obtained by reading a copy of the Trust Deed.

Yours faithfully,


.....
Signed for and on behalf of the Trustee(s)

THE TRUSTEE
ASHTON SUPERANNUATION FUND
59 GEORGE STREET
BEENLEIGH QLD 4207

Re: Application For Membership

I, the undersigned person, being eligible, hereby apply for admission to membership of the Superannuation Fund.

I undertake as follows:

- (i) I will be bound by the Trust Deed governing the Fund as it is presently constituted or as it may be by varied from time to time.
- (ii) I understand the terms and conditions of the Trust Deed including benefits payable to Members and understand my rights and the rights of my dependants pursuant to the Trust Deed.

My personal details are as follow;

Full Name: GAIL ELIZABETH ASHTON
Address: LOT 100 LAVELLE DRIVE
LOGAN VILLAGE QLD 4207
D.O.B.: 06/11/58
Salary: \$
Employer: ASHTON FAMILY PTY. LTD.
A.C.N. 068 919 531
Address: 59 GEORGE STREET
BEENLEIGH QLD 4207
Date Employment Commenced: / /

I hereby acknowledge that the discretion vested in you by Rule 12.2 of the Fund is an absolute free and unfettered discretion but I express the wish that in the exercise of such discretion you give consideration to paying any lump sum death benefit in the following proportions:

Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	Proportion of Lump Sum Death Benefit
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.....
.....

Dated this APRIL 3, 1995

Yours faithfully,


.....
GAIL ELIZABETH ASHTON

THE TRUSTEE
ASHTON SUPERANNUATION FUND
59 GEORGE STREET
BEENLEIGH QLD 4207

Re: Application For Admission as an Employer Sponsor

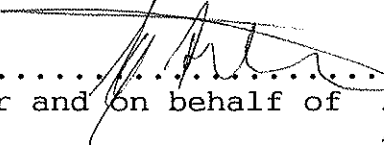
I/We, the undersigned employer, being eligible, hereby apply for admission as an Employer Sponsor of the Superannuation Fund.

I undertake as follows:

- (i) I will be bound by the Trust Deed governing the Fund as it is presently constituted or as it may be varied from time to time.
- (ii) I understand the terms and conditions of the Trust Deed including benefits payable to Members.

Dated this APRIL 3, 1995

Yours faithfully,


.....
for and on behalf of ASHTON FAMILY PTY. LTD.
A.C.N. 068 919 531

of 59 GEORGE STREET
BEENLEIGH QLD 4207



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[TAN](#)

User ID PAKK25k

20 May 2009 15:39:43 (EST)

Current client ASHTON SUPERANNUATION FUND	TFN 96587007	ABN 89954935787
Represented by SIMPSON & WINSLOW PTY LTD		

Client details

Name	ASHTON SUPERANNUATION FUND
Type of superannuation fund	Superannuation Fund
Regulation type	Regulated Self-managed Superannuation Fund
Establishment date	03 Apr 1995
Resident for tax purposes	Yes

[Update](#)

Select one of the following options to view these details

- Main trading names
- Other trading names
- Postal addresses
- Business addresses
- Email addresses
- Contact details
- Associates
- Tax agent details
- Registrations
- Financial institution details

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THE TRUSTEE
ASHTON SUPERANNUATION FUND
59 GEORGE STREET
BEENLEIGH QLD 4207

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My personal details are as follow;

Full Name:
Address:

D.O.B.: / /
Salary: \$
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 : A.C.N. 068 919 531
Address: 59 GEORGE STREET
 BEENLEIGH QLD 4207
Date Employment Commenced: / /

I hereby acknowledge that the discretion vested in you by Rule 12.2 of the Fund is an absolute free and unfettered discretion but I express the wish that in the exercise of such discretion you give consideration to paying any death benefit in the following proportions:

Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	Proportion of Benefit
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.....
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Dated this APRIL 3, 1995

Yours faithfully,

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THE TRUSTEE
ASHTON SUPERANNUATION FUND
59 GEORGE STREET
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Full Name:
Address:

D.O.B.:
Salary: \$
Employer:
Address:

Date Employment Commenced: / /

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Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	Proportion of Benefit
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.....
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Dated this

Yours faithfully,

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59 GEORGE STREET
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Salary: \$
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Date Employment Commenced: / /

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Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	Proportion of Benefit
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Dated this

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59 GEORGE STREET
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Full Name:
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Salary: \$
Employer:
Address:

Date Employment Commenced: / /

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Dated this

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