Instructions and form for SMSF trustees

Trustee declaration

To be completed by 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 became, on or after 1 July 2007, a **new** trustee (or director of a corporate trustee) of:

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

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

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, and
- 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, and
- ensure it is signed and dated by a witness (anyone over the age of 18 years).

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.

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PUBLISHED BY

Australian Taxation Office Canberra February 2009







Self-managed super fund trustee declaration

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

Fund name

THE HOPPE SUPER 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.

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 resulting in a significant tax penalty on the fund, and
- prosecute me under the law, resulting in fines or imprisonment.

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.

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 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, and
 - the liquidity of the fund's investments having regard to the fund's expected cash flow requirements in discharging its
 existing and prospective liabilities, and
- 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, and
 - 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 listed securities, business real property or managed funds) for the fund from members or associates or other related parties of the fund
- borrowing money (or maintaining an existing borrowing) on behalf of the fund except in certain limited recourse borrowing arrangements
- having more than 5% of the fund's total assets at any time of the year as loans to, or investments in, related parties of the fund (including trusts) and assets subject to a lease or lease arrangement between the trustee and a member, relative or other related party (these assets are in-house assets), and
- entering into investments on behalf of the fund that are not made or maintained on an arm's length (commercial) basis, ensuring that the purchase or sale price of the fund's assets reflect 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 governing rules (including its 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, and
 - all trustee declarations
- ensure that the following are prepared and retained for at least 5 years
 - a statement of financial position
 - an operating statement, and
 - accounts and statements that correctly record and explain the transactions and financial position of the fund
- notify us within 28 days of any changes in
 - trustees, directors of the corporate trustee or members of the fund
 - fund name
 - details of the contact person, contact phone and facsimile numbers, and
 - the postal address, registered address, or address for service of notices for the fund
- notify us in writing as soon as practicable (not later than 28 days) after becoming aware that the fund has ceased to be a self-managed superannuation fund or ceased to exist
- ensure that an approved auditor is appointed to audit the fund for each income year and provide that auditor with documents as requested, and
- lodge the fund's annual return by the due date.

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, and
- I may have to make this document available for inspection by a member of staff of the Tax Office and if I fail to do this, penalties may apply.

Trustee's or director's name	
CONNOR LENIS Hope	
Trustee's or director's signature	
AM.	Date
	Day Month Year
Without American Control of the cont	
Witness' name (witness must be over the age of 18 years)	
Marija ELI zabeth Hoffe	
Witness' signature	
	Date
M & Naple	Day Month Year
	02/01/2015

Trustee declaration

To be completed by 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?

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- an existing SMSF.

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

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, and
- 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, and
- ensure it is signed and dated by a witness (anyone over the age of 18 years).

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.

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PUBLISHED BY

Australian Taxation Office Canberra February 2009



Self-managed super fund trustee declaration

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

Fund name

X THE Hoppe Super 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.

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 resulting in a significant tax penalty on the fund, and
- prosecute me under the law, resulting in fines or imprisonment.

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.

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 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, and
 - the liquidity of the fund's investments having regard to the fund's expected cash flow requirements in discharging its
 existing and prospective liabilities, and
- 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, and
 - 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 listed securities, business real property or managed funds) for the fund from members or associates or other related parties of the fund
- borrowing money (or maintaining an existing borrowing) on behalf of the fund except in certain limited recourse borrowing arrangements
- having more than 5% of the fund's total assets at any time of the year as loans to, or investments in, related parties of the fund (including trusts) and assets subject to a lease or lease arrangement between the trustee and a member, relative or other related party (these assets are in-house assets), and
- entering into investments on behalf of the fund that are not made or maintained on an arm's length (commercial) basis, ensuring that the purchase or sale price of the fund's assets reflect 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 governing rules (including its 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, and
 - all trustee declarations
- ensure that the following are prepared and retained for at least 5 years
 - a statement of financial position
 - an operating statement, and
 - accounts and statements that correctly record and explain the transactions and financial position of the fund
- notify us within 28 days of any changes in
 - trustees, directors of the corporate trustee or members of the fund
 - fund name
 - details of the contact person, contact phone and facsimile numbers, and
 - the postal address, registered address, or address for service of notices for the fund
- notify us in writing as soon as practicable (not later than 28 days) after becoming aware that the fund has ceased to be a self-managed superannuation fund or ceased to exist
- ensure that an approved auditor is appointed to audit the fund for each income year and provide that auditor with documents as requested, and
- lodge the fund's annual return by the due date.

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, and
- I may have to make this document available for inspection by a member of staff of the Tax Office and if I fail to do this, penalties may apply.

Trustee's or director's name RRYNIE LOVISE HOPE	
Trustee's or director's signature	
Witness' name (witness must be over the age of 18 years)	Date Day Month Pear Pear Day Day Month Day Mon
× Marta Elizabeth Hoppe	
Witness' signature	
M. E. Hoffe	Date Day Month Day Pear Day

BINDING DEATH BENEFIT NOMINATION FORM

THE HOPPE SUPER FUND

The Directors The Hoppe Super Fund Pty Ltd ATF The Hoppe Super Fund CMA Accounting & Taxation Services PO Box 9124 Pacific Paradise Qld 4564



- I, Brian Douglas Hoppe, of 38 Caspian Parade, WARNER Q 4500, revoke all former binding death benefit nominations that 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
- 1. 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/s	Relationship	\$ or %
Hoppe	Marita	Wife	33 13
Hoppe	Brynie	DaughTer	33 13
Honge	Connor	Son	33 13

- 2. I acknowledge that the above 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.
- b. My legal personal representative.
- 3. If any person nominated in this binding death benefit notice should predecease me, then I direct the Trustee of the Fund to distribute the benefits allocated to that person equally among the remaining nominated

persons. If there are no remaining nominated persons my superannuation benefits to my legal personal repre		I direct that the Trustee pay
Signed: Witness Dec	Dated: laration	18/010/16 BH
I confirm that this binding death benefit nomination form win my presence, I am 18 years or more and I am not a deferment		nis binding death nomination
form. Signature of Witness 1	Signature of Witness 2	P.P.Parl
Name of Witness 1: BRYNIEMOPSE	Name of Witness 2:	REGINA PARIE
Address of Witness 1: 4204 19 KURILPA	Address of Witness 2:	Unit 2 / 8 Lackeen St
STIPST END		EVERTON PARK 405
Dated: 18/10/2015	Dated:	18.01.16

Members Statement

Brian Hoppe

38 Caspian Parade

Warner, Queensland, 4500, Australia

Your Details

Date of Birth:

08/01/1963

Age:

54

Tax File Number:

Provided

Date Joined Fund:

16/11/2000

Service Period Start Date:

01/07/1980

Date Left Fund:

Member Code:

HOPBRI00003A

Account Start Date

16/11/2000 Accumulation

Account Type:
Account Description:

Accumulation - Brian

Your Balance

Total Benefits

250,272.51

Preservation Components

Preserved

250,272.51

Unrestricted Non Preserved

Restricted Non Preserved

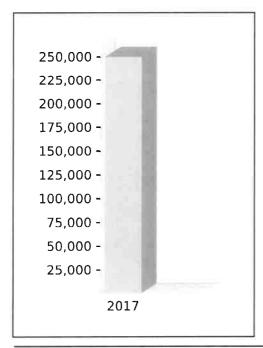
Tax Components

Tax Free

8,782.61

Taxable

241,489.90



Nominated Beneficiaries

Marita Hoppe

Brynie Hoppe Connor Hoppe

250,272.51

Total Death Benefit

Vested Benefits

250,272.51

Your Detailed Account Summary

Opening balance at

01/07/2016

This Year

220,942.72

Increases to Member account during the period

Employer Contributions 10,241.65

Personal Contributions (Concessional)
Personal Contributions (Non Concessional)

Government Co-Contributions

Other Contributions

Proceeds of Insurance Policies

Transfers In

Net Earnings 22,616.29

Internal Transfer In

Decreases to Member account during the period

Pensions Paid

Contributions Tax 1,536.25
Income Tax 1,622.62

No TFN Excess Contributions Tax

Excess Contributions Tax

Refund Excess Contributions

Division 293 Tax

Insurance Policy Premiums Paid 369.28

Management Fees

Member Expenses

Benefits Paid/Transfers Out

Superannuation Surcharge Tax

Internal Transfer Out

Closing balance at 30/06/2017 250,272.51

Members Statement

Brian Hoppe

38 Caspian Parade

Warner, Queensland, 4500, Australia

Your Details

Date of Birth:

08/01/1963

Age:

53

Tax File Number:

Provided

Date Joined Fund:

16/11/2000

Service Period Start Date:

01/07/1980

Date Left Fund:

Member Code:

HOPBRI00003A

Account Start Date

16/11/2000

Account Type:

Your Balance

Accumulation

Account Description:

Accumulation - Brian

Your Detailed Account Summary

Nominated Beneficiaries

Vested Benefits

Total Death Benefit

This Year 224,904.82

11,336.51

Marita Hoppe

Brynie Hoppe

Connor Hoppe

220,942.72

220,942.72

Total Benefits

Preservation Components

Preserved

220,942.72

220,942.72

Unrestricted Non Preserved

Restricted Non Preserved

Tax Components

Tax Free

8,782.61

Taxable

212,160.11

Increases to Member account during the period **Employer Contributions** Personal Contributions (Concessional)

01/07/2015

Personal Contributions (Non Concessional)

Government Co-Contributions

Other Contributions

Opening balance at

Proceeds of Insurance Policies

Transfers In

Net Earnings (15,236.46)

Internal Transfer In

Decreases to Member account during the period

Pensions Paid

Contributions Tax 1,700.49 Income Tax (1,638.34)

No TFN Excess Contributions Tax

Excess Contributions Tax

Refund Excess Contributions

Division 293 Tax

Insurance Policy Premiums Paid

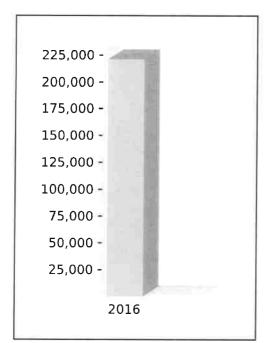
Management Fees

Member Expenses

Benefits Paid/Transfers Out Superannuation Surcharge Tax

Internal Transfer Out

Closing balance at 30/06/2016 220,942.72



Members Statement

Brian Hoppe

38 Caspian Parade

Warner, Queensland, Australia. 4500

Your Details

Date of Birth:

08/01/1963

Tax File Number:

Provided

Date Joined Fund:

16/11/2000

Service Period Start Date:

01/07/1980

Date Left Fund:

Account Type:

Accumulation

Account Description:

Accumulation - Brian

Your Balance

Total Benefits

224,904.82

Preservation Components

Preserved

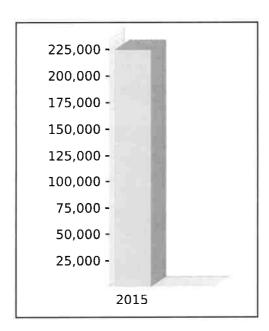
224,904.82

Unrestricted Non Preserved

Restricted Non Preserved

Tax Components

Tax Free 8,782.61 Taxable 216,122.21



Your Detailed Account Summary

This Year

Opening balance at

01/07/2014

210,597.28

Increases to Member account during the period

Employer Contributions

6,166.92

Personal Contributions (Concessional)

Personal Contributions (Non Concessional)

Government Co-Contributions

Other Contributions

Proceeds of Insurance Policies

Transfers In

10,435.64 **Net Earnings**

Internal Transfer In

Decreases to Member account during the period

Pensions Paid

925.04 Contributions Tax 1,369.98 Income Tax

No TFN Excess Contributions Tax

Excess Contributions Tax

Insurance Policy Premiums Paid

Management Fees

Member Expenses

Benefits Paid/Transfers Out Superannuation Surcharge Tax

Internal Transfer Out

224,904.82 Closing balance at 30/06/2015

Member's Statement THE HOPPE SUPER FUND

MR BRIAN HOPPE 38 CASPIAN PARADE WARNER QLD 4500

The Trustee of the above named fund wishes to advise you of the circumstances of your entitlement in the Fund at 30 June 2014 and for the reporting period 1 July 2013 to 30 June 2014.

Your Details		Your Balance	
Date of Birth	8 January 1963	Total Benefits	\$210,597.28
Tax File Number	Provided	Comprising:	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date Joined Fund	16 November 2000	- Preserved	\$210,597.28
Service Period Start Date	7 January 1980	- Restricted Non Preserved	
Date Left Fund		- Unrestricted Non Preserved	
Member Mode	Accumulation	Including:	
Account Description		- Tax Free Component	\$8,782.61
Current Salary		- Taxable Component	\$201,814.67
Vested Amount	\$210,597.28	*	,,
Insured Death Benefit	· ·		
Total Death Benefit	\$210,597.28		
Disability Benefit			
Nominated Beneficiaries	Marita Hoppe		

Your Detailed Account	Preserved	Restricted Non Preserved	Unrestricted Non Preserved	Total
Opening Balance at 1 July 2013 Add: Increases to Member's Account During the Period	123,030.87			123,030.87
Concessional Contributions Non-Concessional Contributions Other Contributions Govt Co-Contributions Employer Contributions - No TFN	8,116.35			8,116.35
Proceeds of Insurance Policies				
Share of Net Income/(Loss) for period Transfers in and transfers from reserves	12,433.16 69,790.38			12,433.16 69,790.38
	90,339.89)	90,339.89
	213,370.76			213,370.76
Less: Decreases to Member's Account During the Period Benefits/Pensions Paid	·			
Contributions Tax Income Tax No TFN Excess Contributions Tax Excess Contributions Tax Refund Excess Contributions Insurance Policy Premiums Paid Management Fees Share of fund expenses Superannuation Surcharge Tax Transfers out and transfers to reserves	1,217.45 1,556.03			1,217.45 1,556.03
	2,773.48			2,773.48
Member's Account Balance at 30/06/2014	210,597.28			210,597.28

Reference: HOPPSF01 / 501

Availability of Other Fund Information

Other information about the Fund is available at your request from the Trustee. If you would like any further information, please contact the Trustee.

Trustee's Disclaimer

This statement has been prepared by the Trustee for the member whose name appears at the top of this statement. Every effort has been made by the Trustee to ensure the accuracy and completeness of this Statement. The Trustee does not accept any liability for any error, omission or misprint. All amounts shown in relation to benefits do not take into account any amounts which may be withheld to satisfy the requirements imposed by the Income Tax Assessment Act 1936.

Signed by all the trustees of the fund

Brian Hoppe Trustee

Marita Hoppe Trustee

Statement Date: / /

Rollover Benefits Statement

Section A: Receiving funds details

The Hoppe Superfund PO Box 643 ASPLEY QLD 4034

Dean Thomas

Email Address (if applicable)

THIS FORM DOES NOT HAVE TO BE INCLUDED IN A TAX RETURN

Phone number

132 652

Receiving fund's ABN

USI (Unique
Superannuation Identifier)

MCI (Member Client

56 455 801 397

		MCI (Member Ide		BRIAN DO	UGLAS HOPPE
Section B: Mem	ber's details				
Title	Mr	Family name	Норре		
First given name	Brian				
Other given names	Douglas		· way company		
Residential Address	38 Caspian Pde	38 Caspian Pde			
	WARNER	Sta	ite QLD	Country AUST	RALIA Postcode 4500
Date of birth	08/01/1963	Sex (M/F)	М	Tax File Numbe	
Daytime phone number	er	Email Address		, and the real rise	10, 102-047
Tax free component		0	Preserved a	mount	69,790.38
Tax components			Preservat	tion amounts	
KiwiSaver tax free com	ponent	0		reserved amount	69,790.38
Taxable component:				on-preserved amount	0
Element taxed in	the fund	80 700 20			0
		69,790.38	Unrestricted	non-preserved amount	0
Element untaxed		0			
Tax components TOTA	L .	69,790.38	Preservation	amounts TOTAL	69,790.38
Section D: Non-co	omplying funds	i i			
Contributions made to a und on or after 10 May	a non-complying		0		
Section E: Transfe	erring fund				
ABN [44 928 361 101		1	in the second se	
our fund's name	The Universal Super Sche	me			

Contact name

Name	Dean Thomas			_
Name (BLOCK LETTERS)				
I declare that the information co	ntained in the statement is true and	d correct.		
- ·	JTHORISED OFFICER DECLARA are the trustee, director or authoris		fund or other provider show	vn in section E.
Section F: Declaration				

26 September 2013

Date

Dean Thomas

Members Statement

Marita Hoppe

38 Caspian Parade

Warner, Queensland, 4500, Australia

Your Details

Date of Birth:

06/01/1964

Age:

53

Tax File Number:

Provided

Date Joined Fund:

23/11/2004

Service Period Start Date:

01/06/1999

Date Left Fund:

HOPMAR00003A

Account Start Date

23/11/2004

Account Type:

Accumulation

Account Description:

Accumulation - Marita

Your Detailed Account Summary

01/07/2016

Brian Hoppe Brynie Hoppe

Connor Hoppe

26,253.76

26,253.76

This Year

Opening balance at

22,037.75

1,959.20

Increases to Member account during the period

Employer Contributions

Nominated Beneficiaries

Vested Benefits

Total Death Benefit

Personal Contributions (Concessional) Personal Contributions (Non Concessional)

Government Co-Contributions

Other Contributions

422.65

Proceeds of Insurance Policies

Transfers In

Net Earnings

2,298.59

Internal Transfer In

Decreases to Member account during the period

Pensions Paid

Contributions Tax

293.89

Income Tax

170.54

No TFN Excess Contributions Tax

Excess Contributions Tax

Refund Excess Contributions

Division 293 Tax

Insurance Policy Premiums Paid

Management Fees

Member Expenses

Benefits Paid/Transfers Out

Superannuation Surcharge Tax

Internal Transfer Out

30/06/2017 Closing balance at

26,253,76

Member Code:

Your Balance

Total Benefits

26,253.76

Preservation Components

Preserved

26,253.76

Unrestricted Non Preserved

Restricted Non Preserved

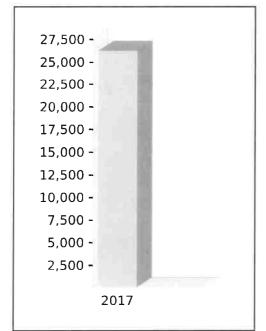
Tax Components

Tax Free

3,550.71

Taxable

22,703.05



Members Statement

Marita Hoppe

38 Caspian Parade

Warner, Queensland, 4500, Australia

Your Details

Date of Birth:

06/01/1964

Age:

Tax File Number:

Provided

Date Joined Fund:

23/11/2004

Service Period Start Date:

01/06/1999

Date Left Fund:

Member Code:

HOPMAR00003A

Account Start Date

23/11/2004

Account Type:

Your Balance

Total Benefits

Accumulation

Account Description:

Accumulation - Marita

Preservation Components

Preserved

22,037.75

22,037.75

Unrestricted Non Preserved

Restricted Non Preserved

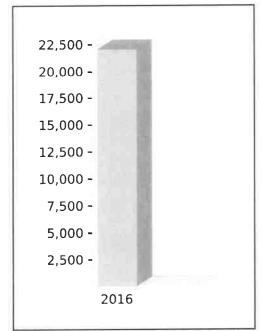
Tax Components

Tax Free

3,128.06

Taxable

18,909.69



Your Detailed Account Summary

This Year

Opening balance at

Nominated Beneficiaries

Vested Benefits

Total Death Benefit

01/07/2015

20,427.79

Increases to Member account during the period

Employer Contributions

2,817.42

Brian Hoppe

Brynie Hoppe

Connor Hoppe

22,037.75

22,037.75

Personal Contributions (Concessional)

Personal Contributions (Non Concessional)

Government Co-Contributions

Other Contributions 503.25

Proceeds of Insurance Policies

Transfers In

(1,443.29)**Net Earnings**

Internal Transfer In

Decreases to Member account during the period

Pensions Paid

422.61 Contributions Tax

Income Tax

(155.19)

No TFN Excess Contributions Tax

Excess Contributions Tax

Refund Excess Contributions

Division 293 Tax

Insurance Policy Premiums Paid

Management Fees

Member Expenses

Benefits Paid/Transfers Out

Superannuation Surcharge Tax

Internal Transfer Out

30/06/2016 Closing balance at

22,037.75

R	7/	中州市	W 7	\supset
	02	FEB	2011	
BY.				

Application for Membership

To: The Trustee of the Hoppe Super Fund

Full Name:	MARITA ELIZ	ARETH HOPPE	
Address:	1 ton 3/28	KONA COAD	1/1-31 ELSIE ST Kallangur. Q 4503
	MEDOVALL	QCD 4053	Kallanger. Q 4503
Date of Birth	1: 6 / 1 / 1 Medical Ku	964	
TFN: 764	306-735		

I apply for admission as a member of the Hoppe Super Fund (the "Fund") and agree to be bound by the Deed and Rules governing the Fund.

I, hereby declare that I have received sufficient information from the Trustees to enable me to make an informed decision about joining the fund.

I, hereby authorise my employer to make any contributions as and when due, in accordance with the Trust Deed of the Fund.

I also agree and undertake the following:

- (a) I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
- (b) I understand the terms and conditions of the Trust Deed, especially those concerning benefits payable.
- (c) I consent to act as Trustee of the Fund for the purposes of complying with the self-managed super fund requirements.
- (d) I will upon request make full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other Superannuation Fund, Approved Deposit Fund, Rollover Annuity or Employer.
- (e) I will notify the Trustee at any time I cease to be gainfully employed as defined in the Trust Deed.
- (f) I consent to the Trustee acting as Trustee of the Fund.
- (g) I declare that the information completed below regarding nominated dependants (if any) is accurate in every respect.
- (h) I declare that in completing this application I was given advice in writing regarding the benefits I would be entitled to in joining the fund, the method of determining that entitlement and the conditions relating to those Benefits.

I am aware that in the event of my death while a member of the Fund the benefit provided under the Deed is payable at the Trustee's discretion to one or more of my dependants, or where I have no dependants, to my estate.

In such an event, it is my wish that the benefit be paid to the persons nominated below in the proportions shown:

Name and Address of Nominated Beneficiary	Relationship	p % of Benefi	
BRIAN HOPE 1/1-31 ELSIEST	54	1086	

I understand that this nomination is not binding on the trustee, and may be overridden by any Binding Nomination.

I declare the information provided to the Trustee is true and correct.

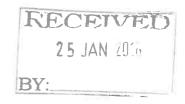
Signature of member: W. 5. Nolle

Date: 23/11/04

BINDING DEATH BENEFIT NOMINATION FORM

THE HOPPE SUPER FUND

The Directors The Hoppe Super Fund Pty Ltd ATF The Hoppe Super Fund CMA Accounting & Taxation Services PO Box 9124 Pacific Paradise Qld 4564



18.01.16

- I, Marita Elizabeth Hoppe, of 38 Caspian Parade, WARNER Q 4500, revoke all former binding death benefit nominations that 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
- 1. 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/s	Relationship	\$ or %
Hoppe	Brian Douglas	Husband	33 /3
Hoppe	BIYNIE Louise	Daughter	33 13
Holphe	CONNER LEWIS	Son	33 43

- 2. I acknowledge that the above 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.
 - b. My legal personal representative.

18.01-16

Dated:

3. If any person nominated in this binding death benefit notice should predecease me, then I direct the Trustee of the Fund to distribute the benefits allocated to that person equally among the remaining

	s. If there are no remaining nomina perannuation benefits to my legal p		
Signed: W 8	1 Septe	Dated:	18/10/16
	Witness Dec		
form. Signature of Witness 1 Name of Witness 1:	Legina PATRICIA PARLE	Signature of Witness 2	: The
Address of Witness 1:			926 DAVID LOW WAY
	EVERTAN PARK 11053	?	MARIONA RID 4564

Members Statement

Marita Hoppe

38 Caspian Parade

Warner, Queensland, Australia. 4500

Your Details

Date of Birth:

06/01/1964

Tax File Number:

Provided

Date Joined Fund:

23/11/2004

Service Period Start Date:

01/06/1999

Date Left Fund:

Account Type:

Accumulation

Account Description:

Accumulation - Marita

Your	Bal	ance
------	-----	------

Total Benefits

20,427.79

Preservation Components

Preserved

20,427,79

Unrestricted Non Preserved

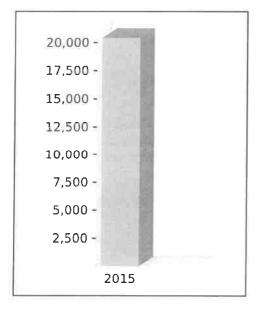
Restricted Non Preserved

Tax Components

Tax Free

2,624.81

Taxable 17,802.98



Your Detailed Account Summary	
	This Year
Opening balance at 01/07/2014	16,357.05
Increases to Member account during the period	
Employer Contributions	3,221.59
Personal Contributions (Concessional)	,
Personal Contributions (Non Concessional) Government Co-Contributions	8.60
Other Contributions	500.00
Proceeds of Insurance Policies	300.00
Transfers In	
Net Earnings	948.28
Internal Transfer In	
Decreases to Member account during the period	
Pensions Paid	
Contributions Tax	483.24
Income Tax	124.49
No TFN Excess Contributions Tax	124,45
Excess Contributions Tax	
Insurance Policy Premiums Paid	
Management Fees	
Member Expenses	
Benefits Paid/Transfers Out	
Superannuation Surcharge Tax	
Internal Transfer Out	
Closing balance at 30/06/2015	20,427.79

Register of Members

<u>Name</u>

Address

.

Date of Birth
Eliqible Service Period
Date of Entry as Member

Marita Elizabeth Hoppe

3/28 Keona Road, McDowall Q 4305

06.01.1964 01.06.1999 23.11.2004

5474.73

6417.44

Year Ended

Opening Member's Balance

Tax-free component Taxable component

Total Opening Balance

2007	2008	2009	2010	2011	2012
\$	\$	\$	\$	\$	\$
	1368.06	1828.06	1828.06	1828.06	1828.06
-	4106.67	4589.38	4173.56	-1828.06	-1828.06
	5474.73	6417.44	6001.62	0	0

Components of member's benefits (on or after 1 July 2007)

Tax-free component

A. Contributions segment

Undeducted contributions (no tax deduction taken)

B. Crystallised segment (as 30 June 2007)

Pre-July 83 component CGT exempt component Post-June 1994 invalidity component Concessional component; and/or Undeducted contribution

Total of B

Total Tax-free component

Taxable component

Total fund benefits less Tax-free component

Total Taxable component

	460	0	0	0	
	1368.06	1368.06	1368.06	1368.06	1368.06
\$0					
0					
0					
0					
1368.06					
1368.06	1368.06	1368.06	1368.06	1368.06	1368.06
1368.06	1828.06	1368.06	1368.06	1368.06	1368.06
		1028:0	6		

4106.67	5049.38	4173.56	-1828.06	-1828.06	-1828.06
4106.67	5049.38	4173.56	-1828.06	-1828.06	-1828.06

Member's Total Fund Benefits

Closing Members Balances

Tax-free component Taxable component

Total Closing Balance

1368.06	1828.06	1828.06	1828.06	1828.06	1828.06	
4106.67	4589.38	4173.56	-1828.06	-1828.06	-1828.06	
5474.73	6417.44	6001.62	0	0	0	

6001.62

0

0

Register of Members

Name

Address

Date of Birth
Eligible Service Period
Date of Entry as Member

Marita Elizabeth Hoppe

6/01/1964

1/06/1999 (from sunsuper rollover)

23/11/2004

Year Ended

Opening Member's Balance

Preserved Benefits (PB's)

Restricted Non-Preserved Benefits (RNPB's) Unrestricted Non-Preserved Benefits (UNPB's)

Total Opening Balance

2005 \$	2006 \$	2007 \$	2008 \$	200 9 \$	2010 \$
0	3512.11	4069.74	4069.74	4069.74	4069.74
0	0	0	0	0	0
0	0	0	0	0	0
0	3512.11	4069.74	4069.74	4069.74	4069.74

Components of member's benefits (on or after 1 July 1999)

A. Preserved Benefits (PB's)

Member's PBs as at 30/6/1999

All employer contributions from 1 July 1999
All members contributions from 1 July 1999
Undeducted contributions (no tax deduction taken)
Payments from SHAR from 1 July 1999
Eligible spouse contributions from 1 July 1999
Roll-overs In/Rollovers Out
Roll-over of CGT exempt amount of ETP
Roll-over of employer ETP from 1 July 2004
Other (including all fund earnings from 1 July 1999)
Total of A

					_
258.55	664.51				
3253.56					
	-106.88				
3512.11	557.63	0	0	0	

- B. Restricted Non-Preserved Benefits (RNPB's)
 Member's RNPBs as at 30 June 1999
 Total of B
- C. <u>Unrestricted Non-Preserved Benefits (UNPB's)</u>
 Roll-over of employer ETP before 1 July 2004
 Benefits for which a condition of release satisfied

Other (including earnings on the above)

Total of C

	- 1
0	0
	0

0	0	0	0	0	0

Member's Total Fund Benefits (A+B+C)

Closing Members Balances

Preserved Benefits (PB's)
Restricted Non-Preserved Benefits (RPB's)
Unrestricted Non-Preserved Benefits (UNPB's)

Total Closing Balance

00.2					
3512.11	4069.74	4069.74	4069.74	4069.74	4069.74
0	0	0	0	0	0
0	0	0	0	0	0
3512.11	4069.74	4069.74	4069.74	4069.74	4069.74

Breakdown of ETP Components

CGT exempt component
Undeducted Contributions
Undeducted Contributions - From Roll-over
Pre/Post 83 Taxed component
Post 83 Untaxed component
Concessional component
Post June 1994 invalidity component

3512.11	4069.74	4069.74	4069.74	4069.74	4069.74
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
3253.56	3146.68	3146.68	3146.68	3146.68	3146.68
0	0	0	0	0	0
258.55	923.06	923.06	923.06	923.06	923.06
0	0	0	0	0	0

		Register of Members
Name		Marita Elizabeth Hoppe
Address	W)	
Date of Birth	Birth	06/01/1964
Eligible	Eligible Service Period	01/06/1999 (from rollover Sunsuper)
Date of	Date of Entry as Member	23/11/2004
Year Ended		2005
Opening Balance		0
Preserved		0
Restricted Non-Preserved	pe	0
Unrestricted Non-Preserved	rved	0
Accumulated Benefits		258.55
Rollovers Trf In		3253.56
Closing Balance		3512.11
Preserved		3512.11
Restricted Non-Preserved	pa	0
Unrestricted Non-Preserved	rved	0
From Rollovers		
Undeducted		0
Pre/Post 83 Taxed		3512.11

AUSTRALIAN TAX OFFICE ETP ROLLOVER STATEMENT

INDUSTRY STANDARD FOR SUPERANNUATION PAYERS

Section 1 ROLLOVER FUND NAME AND ADDRESS

the hoppe super fund The Hoppe Super Fund PO BOX 643 **ASPLEY QLD 4034**

PAYEE SFN:

PAYEE ABN: 5645580139

PAYEE SPIN:

UNIT 15 15 PITTA PLACE

PAYEE MEMBER NUMBER:

PAYEE CLIENT NUMBER:

INDIVIDUAL'S DETAILS SECTION 2

INDIVIDUAL'S FULL NAME: MS MARITA HOPPE

SURNAME OR FAMILY NAME HOPPE

GIVEN NAME/S

MARITA

ADDRESS:

UNIT 15 15 PITTA PLACE CARSELDINE QLD 4034

DATE OF BIRTH:

06/01/1964

GENDER: FEMALE

TAX FILE NUMBER:

NAME, ADDRESS AND PHONE NUMBER OF AUTHORISED AGENT OR ADVISOR (IF ANY) '

* This person must be authorised by the individual to receive information about this rollover from the rollover fund

Section 3 ROLLOVER PAYMENT DETAILS

ETP COMPONENTS:

\$0.00

ELIGIBLE SERVICE PERIOD:

CGT EXEMPT COMPONENT

DATE STARTED

PRESERVED

01/06/1999

UNDEDUCTED CONTRIBUTIONS

\$0.00

NUMBER OF DAYS BEFORE 1 JULY 1983 D

CONCESSIONAL COMPONENT

\$0.00

NUMBER OF DAYS AFTER 30 JUNE 1983 1988

PRE-JULY 1983 AND POST JUNE 1983 TAXED ELEMENT

\$3,253.56

PRESERVATION AMOUNTS OF THE ROLLOVER PAYMENT:

GROSS AMOUNT A MUST EQUAL GROSS AMOUNT B

POST-JUNE 1983 UNTAXED ELEMENT

\$0.00

RESTRICTED NON-PRESERVED

\$3,253.56

POST-JUNE 1994 INVALIDITY COMPONENT

\$0.00

UNRESTRICTED NON-PRESERVED

\$0.00 \$0.00

GROSS AMOUNT A:

\$3,253.56

GROSS AMOUNT B:

\$3,253,56

ROLLOVER BALANCE AS AT

15 FEBRUARY 1990 INCLUDED WITH THIS ROLLOVER (IF KNOWN):

\$0.00

SURCHARGE INFORMATION:

FINANCIAL YEAR ENDING

30/06/2005

THE ROLLOVER PAYMENT **RELATES TO A PRE-JULY 1994**

TOTAL CONTRIBUTED AMOUNT

\$0.00

EMPLOYER CONTRIBUTED AMOUNT

\$0.00

PENSION OR ANNUITY? No

SURCHARGEABLE AMT OF EMPLOYER **ELIGIBLE TERMINATION PAYMENTS**

\$0.00

ALLOCATED SURPLUS AMOUNT

\$0.00 \$0.00

PERSONAL CONTRIBUTED AMOUNT OTHER CONTRIBUTED AMOUNT

\$0.00

SECTION 4 PAYER DETAILS

PAYERS NAME: Citistreet Australia Pty Ltd on behalf of Sunsuper

PAYERS ABN:

98 503 137 921

CONTACT NAME: Phil Redpath

TELEPHONE NUMBER:

13 11 84

SIGNATURE:

DATE:

09/11/2004

The original of this form must be sent to the rollover fund within 7 days of paying the rollover payment. A copy must be kept for your records and a copy given to the person on whose behalf the rollover is made within 30 days of the rollover payment.



9 November 2004

Sunsuper Pty Ltd
ABN 88 010 720 840
Australian Financial Services Licence No. 228975
Ground Floor, Sunsuper Building
30 Little Cribb Street Milton Qld 4064
GPO Box 2924 Brisbane Qld 4001

Phone 13 11 84
Facsimile (07) 3016 7722
Web Site www.sunsuper.com.au

DEAR MS HOPPE,

MEMBER NUMBER:

004807086

ACCOUNT:

SUNSUPER SOLUTIONS

Payment of Superannuation Benefit

We have completed your benefit payment request. The details of your benefit calculation for the period 01/07/2003 up to the date of payment are enclosed.

In accordance with your instructions, your benefit has been paid as follows:

a cheque for \$3,253.56 was transferred to THE HOPPE SUPER FUND

We have enclosed the following:

- an Important Information flyer;
- a Member Benefit Statement; and
- an Eligible Termination Payment (ETP) Rollover Statement.

If you have any questions please contact our Customer Service Hotline on 13 11 84 between 8.00am and 6.30pm, Monday to Friday.

Yours sincerely,

Phil Redpath

Administration Manager



9 November 2004

THE HOPPE SUPER FUND
THE HOPPE SUPER FUND
PO BOX 643
ASPLEY QLD 4034

Sunsuper Pty Ltd ABN 88 010 720 840

Australian Financial Services Licence No. 228975 Ground Floor, Sunsuper Building

30 Little Cribb Street Milton Qld 4064 GPO Box 2924 Brisbane Qld 4001

Telephone 13 11 84

Facsimile (07) 3016 7722

Web Site www.sunsuper.com.au

TRANSFER OF SUPERANNUATION BENEFIT MS MARITA HOPPE 004807086 (Sunsuper Member Number)

Please find enclosed a cheque for \$3,253.56 to be deposited into your fund as requested by the above member.

We have enclosed an Eligible Termination Payment (ETP) Rollover Statement.

If you have any questions please contact our Customer Service Hotline on 13 11 84 between 8.00am and 6.30pm, Monday to Friday.

Yours sincerely,

Phil Redpath

Administration Manager

E000567-P01346-02

THE HOPPE SUPER FUND

MEMBER CONTRIBUTION NOTICE

To:	The Trustees		
From:	Marita Elizabeth	. Here	er's Name)
	I hereby give notice that I intend to clair 82AAT of the Income Tax Assessment to the fund during the year ended 30 Ju	Act 1936, in respec	ct of my contributions
		Total Contributions	Amount Intending to Claim as a Deduction
	Contributions for the year	\$	\$
 Membe	M & Alofalo er	Date	: 1611/1200
	TRUSTEES' ACKNO	WLEDGEMENT	
To:	The Abovenamed Member		
From:	The Trustees		
	The above notice is hereby acknowledge	jed.	
	I on behalf of Trustees	Date	: (61//1200

Notes

- 1. This notice, including its acknowledgment by the fund trustees, is essential in order for a super fund member to claim an income tax deduction for a <u>personal</u> contribution.
- 2. The notice and acknowledgment must be made before issue of the member's income tax assessment for the year of contribution, but the Commissioner may amend the assessment if the acknowledgment is made afterwards.
- 3. The notice can not be given after a person ceases to be a member of the fund, nor is it revokable. However, the amount of the deduction can be reduced by further notice to the trustees.

PRODUCT DISCLOSURE STATEMENT The Hoppe Super Fund ("Fund")

Trustees: Brian Douglas Hoppe
Marita Elizabeth Hoppe

Name of Member: Marita Elizabeth Hoppe

Date of this Statement:

1 Introduction

- 1.1 This Product Disclosure Statement (PDS) is prepared by the Trustees for the benefit of Members of the Fund.
- The Fund is governed by a trust deed which can be inspected on request. The Fund qualifies as a regulated superannuation fund under the Superannuation Industry (Supervision) Act (1993) (Cth) as amended ("SIS"). SIS sets out certain rules which the Fund has to comply.
- 1.3 The PDS contains a summary of the significant provisions of the Fund and the effects that those provisions have on you as a member.
- 1.4 The Corporations Act 2001 requires that a member be given this PDS within 3 months after becoming a member of the Fund.
- 1.5 You should refer any questions to the Trustees. Words and phrases used in the PDS are defined in the Funds Deed.
- Your benefit in the Fund is ordinarily determined by the balance of your Member's Account, together with the proceeds of any death or disability insurance policy, if applicable. In some cases your entitlement may be paid as a pension.
- 1.7 The Fund must have less than five (5) members.
- 1.8 All members must be trustees or directors of the trustee company.

In the case of a sole member fund, either a corporate trustee must be appointed with the member being director of the trustee company or the member and another individual must be appointed trustees.

A proposed member is ineligible to be a member if the member would be taken to be employed by another member and they are not related.

The Trustee and the directors of the trustee company cannot charge the Fund any fees for acting as trustee.

Where the trustees are individuals the primary purpose is to pay a superannuation pension (with the ability to commute to a lump sum).

2 Contributions

2.1 You may contribute to the Fund at any rate agreed upon between you and the Trustees.

- 2.2 Your employer may make contributions to the Fund in respect of you as agreed between the employer, yourself and the Trustees. You may also be able to make contributions on behalf of your spouse.
- 2.3 In some instances, if you are an employee and make contributions of a certain level to the Fund, the Government may make "contributions" in certain circumstances.
- 2.4 Whilst in general there are no limits to the amount of contributions that can be made, the Australian Tax Office prescribes restrictions on the amount of contributions that are deductible. Deductible contributions are taxed at 15%.
- 2.5 Concessional contributions (also known as deductible contributions) will be limited as from 1 July 2007 to \$50,000.00 per annum, irrespective of age. However, for persons 50 years old or are turning 50 before 30 June 2012, between the financial years 2007 2008 and 2011 2012, concessional contributions will be limited to \$100,000.00 per annum.
- 2.6 If you are between 65 years and under 75 years you may contribute to superannuation if you satisfy the work test. The Fund cannot accept contributions if you have reached 75 years.
- 2.7 Non-concessional contributions are contributions made from a person's after tax income.
- 2.8 You can make a non-concessional contribution into superannuation if:
 - (a) 64 years old or younger;
 - (b) 65 years to 74 years old and you satisfy the work test.

From 1 July 2007 a person:

- (a) under 65 years old, may contribute up to \$150,000.00 per annum or \$450,000.00 if averaged over 3 years; or
- (b) 65 to 74 years old, may contribute up to \$150,000.00 per annum (no averaging) if the person meets the work test.

(NB: From 10 May 2006 to 30 June 2007, non-concessional contributions are capped at \$1 million. Contributions made on or before 9 May 2006 will not count towards the cap.)

Non-concessional contributions within the above limits will not be taxed again and will be tax free when withdrawn from the Fund.

The earnings on non-concessional contributions, whilst taxable, are taxed concessionally at 15 per cent in the Fund.

- 2.9 Contributions in excess of the relevant concessional cap will be subject to excess contributions tax of 31.50%. In addition the excess concessional contribution (gross of tax) will be assessable toward the individual non-concessional contribution cap. Excess non-concessional contributions will be subject to tax at 46.50%.
- 2.10 Contributions are credited to your Member's Account. Deductions are made from this account for any insurance premiums, Fund expenses and taxes. Interest is credited (or debited) to this account.
- 2.11 As from 1 January 2006 you may make application to the Trustees to split concessional contributions with your spouse.

2.12 We suggest that you seek professional advice about matters relevant to contributions.

3 Investments

- 3.1 The Fund assets are invested in accordance with an investment strategy which the Trustees formulate having regard to all the relevant circumstances. This investment strategy is designed to meet the Fund's investment objectives.
- 3.2 The Trustees do not take into account labour standards, environmental, social or ethical matters in the selection, retention or realisation of investments.
- 3.3 The Trustees may decide to engage professional help in managing or investing the Fund.
- 3.4 The performance of the Fund depends on future events and the investment activities carried out by the Trustees. Superannuation investments are subject to significant risks, such as changes in the law and market factors. The Members bear these investment risks. While the Trustees will aim to control these risks, the Trustees do not guarantee the performance of the Fund or any particular investments.
- 3.5 In turn this may affect the Trustees' capacity to make payments to you or to sustain the level of payments made to you.

4 Costs

- 4.1 There are no fees or commissions charged to you by the Fund or the Trustees. However, an allowance for the Trustee's expenses of running the Fund may be debited to your Member Account.
- 4.2 If the Trustees make an investment through a financial adviser or other intermediary, commissions or fees may be payable to that adviser or intermediary, usually out of the fees that the Fund would pay to the providers of the investment.

5 Benefits

- You will be entitled to a benefit calculated according to the value of your Member's Account on your retirement. There may be circumstances in which you will become entitled to payment of a retirement benefit while you are still employed or when you retire but have reached the relevant preservation age. You should ask your Trustees for advice at the relevant time.
- The value of your Member's Account will be calculated on the basis of contributions made by you on your behalf (eg by your employer), together with changes to the value of Fund assets and other income which has accrued on those contributions. This calculation will also take account of taxes and any expenses and investment losses.
- 5.3 A Member is not required to withdraw benefits from the Fund and may keep the benefits in the Fund indefinitely.
- Your benefit will be paid by the Trustees in a form agreed between you and the Trustees, and as permitted under SIS. That is, you may agree with the Trustee to have your benefits paid in the form of a lump sum or a pension.
- 5.5 A member's entitlement may be paid out in full by way of lump sum when all conditions of release have been met and where the Trustee is a corporate trustee. Payment will be made subject to the terms of the Fund deed and SIS requirements from time to time.

6 Pension Benefits

- 6.1 When you become entitled to payment of a **lump sum benefit**, the Trustees may allow you to choose to receive that lump sum in the form of regularly paid income. This is called a pension.
- 6.2 Under the Fund deed, if a pension is to be paid, depending on when the Fund was established you may choose from the different types listed. Each different type of pension available under the Fund deed operates differently and will impact on you differently. You should discuss these pensions in detail with the Trustees before you select the pension you would like to receive.

Pensions in existence prior to 1 July 2007 will be deemed to meet the requirements of SIS if they meet their existing rules.

A person can commence a new Account Based Pension in accordance with the rules that require:

- (a) a minimum payment must be made at least annually to each member (see table below). There is no maximum payment required.
- (b) an amount or percentage of the pension cannot be prescribed as being left over when the pension ceases;
- (c) the pension's capital value and the income from it cannot be used for borrowing;
- (d) the pension can be commuted subject to special rules applying to a transition to retirement pension;
- (e) a pension may only be transferred on the death of the pensioner to one or more dependants or cash as lump sum to the pensioner's estate.

Age of member	% of account balance to be taken
Under 65	4
65-74	5
75-79	6
80-84	7
85-89	9
90-94	11
95+	14

- 6.3 A transition to relevant pension can be paid if the member is aged over 55 years and has not retired. This is an account based pension that meets certain requirements:
 - (a) the pension payment in any year must not exceed 10% of the member's account balance at the start of the year;
 - (b) the pension cannot be committed and taken as a lump sum until the member meets a condition of release such as retirement death permanent disability or age 65.
- 6.4 As from 20 September 2007 a member may only commence an Account Based Pension and a Transition to Retirement Pension.
- 6.5 Subject to SIS, the Trustees may make available any other form of pension. You should contact the Trustees at the relevant time.

7 Death Benefit

- 7.1 If you die your benefit will be calculated according to the value of your Member's Account, including the proceeds of any insurance policy taken out by the Trustees.
- 7.2 The benefit will be payable to your dependants or your estate in proportions determined by the Trustees.
- 7.3 You are able to notify the Trustees of whom you would like to be considered in the payment of your death benefit. To do this, you will need to complete the nomination of beneficiary notice, called in the Deed and Indicative Death Benefit Nomination. This nomination can be updated at any time. You are advised to review it if your circumstances change for example if you marry or have children. Whilst the Trustee will take note of your wishes it is not bound by them.
- 7.4 Alternatively, you may give a binding nomination to the Trustees, called in the Deed a Binding Death Benefit Nomination, provided this is done in accordance with the legislation. The nomination outlines the requirements for a nomination that is intended to be binding. Where there is no valid binding death benefit nomination, the Trustee will determine which of your Dependants or estate will receive the death benefit.
- 7.5 If death benefits are paid as a lump sum to a dependant they will be tax free.

If a dependant chooses to take a death benefit as a pension stream, the taxation treatment will depend on the age of the primary beneficiary and dependant.

- (a) if the primary beneficiary was age 60 or over at the time of death, the pension payments to the dependant will be tax free;
- (b) if the primary beneficiary was under age 60 at the time of death, the pension will continue to be taxed at the dependant beneficiary's marginal rate (less any deductible amount and pension rebate). If (or when) the dependant is aged 60 and over, the pension payment will be tax free.
- 7.6 The taxable component of a lump sum paid to a non-dependant will be taxed concessionally at 15 per cent.

A pension will not be able to revert or be paid to a non-dependant; rather, it will have to be made as a lump sum.

- 7.7 A death benefit will be able to be paid as a pension to a dependant child. However, when the child turns 25, the balance in the fund will have to be paid as a lump sum (tax free), unless the child is permanently disabled.
- 7.8 The tax treatment of the payment will depend on whether the recipient is a dependant as defined in s.27A(1)(b) Tax Act or as defined in r.6.21(2A) SIS Regulations.

8 Total and permanent disablement benefit

- 8.1 If you cease or become totally and permanently disabled you may receive a benefit calculated in the same way as a death benefit.
- 8.2 "Total and Permanent Disablement" means:
 - (a) where an insurance policy has been taken out, as defined in that policy; or
 - (b) in the absence of any policy, in the opinion of the Trustees you are incapacitated through accident or illness to such an extent as to render you permanently disabled in accordance with superannuation law.

9 Temporary disablement benefit

In some cases an income benefit may be payable on a Member's temporary disablement. If so, the benefit will be payable in accordance with the terms of the policy taken out by the Trustee to provide such a benefit.

10 Severe financial hardship

In certain circumstances you may apply to the Trustees for payment to you of all benefits owing to you. The conditions that you must meet for payment in these circumstances are restrictive. You should take professional actions in determining whether payment of all or part of your benefits is possible in a given set of circumstances.

11 Compassionate Grounds

Similarly, benefits may be paid to you on compassionate grounds if the Regulator determines that the grounds of release may be met. Again there are restrictions in payment.

12 Taxation

- 12.1 Generally tax is payable on deductible contributions and investment earnings of the Fund.
- 12.2 A tax rebate may be available on certain contributions made for a Member by the Member's spouse. Tax deductions may also be available for contributions by self-employed persons or by an employer for its employees.
- 12.3 There are very complex provisions relating to taxation of these items depending on the nature and circumstance of the Fund and you are recommended to take professional advice from a taxation adviser depending on your circumstances in the Fund.
- 12.4 The key points relating to the taxation of benefits after 1 July 2007 are:
 - (a) benefits paid from a taxed source either as a lump sum or pension will be tax free when paid to people who are 60 years of age or older.
 - (b) superannuation benefits paid before age 60 will be generally taxed the same way they are now, for instance:
 - (i) lump sums will comprise two components an exempt component and a taxable component
 - the exempt component will be paid tax free and comprise: the pre-July 83 component; the CGT exempt component; the post-June 1994 invalidity component; the concessional component and the non-concessional (post-tax) contributions;
 - the taxable component includes: the current post-July 1983 component and the non qualifying component. It will be paid tax free up to the low-rate threshold (\$140,000.00 in 2006-07) and amounts above the threshold will be taxed at 15 per cent. The tax rate will be 20 per cent for individuals aged under 55 years.
 - (ii) pension payments will be taxed under the current arrangements, although tax will be lower in some cases.

- (iii) the full superannuation pension rebate of 15 per cent will apply to all pensions paid from a taxed source to a person who is aged 55 to 59 years.
- (iv) once the pension recipient turns 60, their pension will be tax free.

13 Preservation of benefits

- 13.1 Preservation regulations are designed to ensure that some or all of a member's superannuation benefits are kept for use in retirement.
- 13.2 This means that part or all of your benefit cannot be paid in cash until:
 - (a) you attain age 65;
 - (b) you retire from the work force at or after your Preservation Age (see below);
 - (c) you leave a job after age 60;
 - (d) you die or become totally disabled;
 - (e) you meet the severe financial hardship or compassionate grounds provisions under the SIS; or
 - (f) certain other circumstances occur as specified by SIS.

14 Preservation age

This depends on your date of birth as shown in the following table:

Date of Birth	Preservation Age
Before 1/7/60	55
1/7/60 to 30/6/61	56
1/7/61 to 30/6/62	57
1/7/62 to 30/6/63	58
1/7/63 to 30/6/64	59
After 30/6/64	60

15 Cooling-off period

- 15.1 There is no cooling-off period applicable to membership of this Fund.
- 15.2 If you decide that you no longer wish to be a member of the Fund, you can cancel your membership at any time. However, once a contribution is made to the Fund it must be preserved in the superannuation system until a condition of release is satisfied.

16 Dispute resolution

- Any query or complaint you may have with any aspect of the funds operation should be made in writing to the Trustees. The Trustees will attempt to resolve any issues raised as soon as practicable. It is important to note that in doing so the Trustees are bound to act in accordance with the Fund deed and in the best interests of all members.
- 16.2 Self manage superannuation funds are specifically excluded from the jurisdiction of the Superannuation Complaints Tribunal. Therefore, if you are unhappy with the Trustee's decision you should seek legal advice.

17 Annual reporting

Each year the Trustees will provide you with the annual fund accounts and a member's statement setting out your account's opening and closing balances, a summary of all transactions through the account for the year, the preservation status of your account balance and other relevant information.

Trustees

Trustees

Members Statement

Brynie Hoppe

38 Caspian Parade

Warner, Queensland, 4500, Australia

Your Details

Date of Birth:

01/02/1988

Age:

29

Tax File Number:

Provided

Date Joined Fund:

02/01/2015

Service Period Start Date:

Date Left Fund:

Member Code:

HOPBRY00002A

Account Start Date

02/01/2015

Account Type: Account Description: Accumulation

Accumulation

Nominated Beneficiaries

Brian Hoppe

Marita Hoppe Connor Hoppe

71,222.06

Total Death Benefit

Vested Benefits

71,222.06

Your Balance

Total Benefits

71,222.06

Preservation Components

Preserved

Taxable

71,157.14

71,220.21

Unrestricted Non Preserved

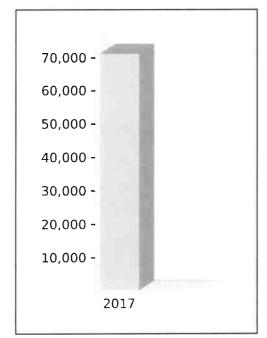
64.92

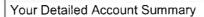
Restricted Non Preserved

Tax Components

Tax Free

1.85





This Year

Opening balance at

01/07/2016

58,582.15

8,111.18

Increases to Member account during the period

Employer Contributions

Personal Contributions (Concessional)

Personal Contributions (Non Concessional)

Government Co-Contributions Other Contributions

Proceeds of Insurance Policies

Transfers In

Net Earnings 6,205.84

Internal Transfer In

Decreases to Member account during the period

Pensions Paid

1,216.67 Contributions Tax 460.44 Income Tax

No TFN Excess Contributions Tax

Excess Contributions Tax

Refund Excess Contributions

Division 293 Tax

Insurance Policy Premiums Paid

Management Fees

Member Expenses

Benefits Paid/Transfers Out

Superannuation Surcharge Tax

Internal Transfer Out

Closing balance at 30/06/2017 71,222.06

Members Statement

Brynie Hoppe

38 Caspian Parade

Warner, Queensland, 4500, Australia

Your Details

Date of Birth:

01/02/1988

Age:

28

Tax File Number:

Provided

Date Joined Fund:

02/01/2015

Service Period Start Date:

Date Left Fund:

Member Code:

HOPBRY00002A

Account Start Date

02/01/2015

Account Type:

Accumulation

Account Description:

Accumulation

Your Detailed Account Summary

This Year

Opening balance at

Nominated Beneficiaries

Vested Benefits

Total Death Benefit

increases to Member account during the period

Employer Contributions 1,391.60

01/07/2015

Brian Hoppe Marita Hoppe

Connor Hoppe

58,582.15

58,582.15

Personal Contributions (Concessional)
Personal Contributions (Non Concessional)

Government Co-Contributions

Other Contributions

Proceeds of Insurance Policies

 Transfers In
 57,550.03

 Net Earnings
 (168.90)

Internal Transfer In

Decreases to Member account during the period

Pensions Paid

Contributions Tax 208.74 Income Tax (18.16)

No TFN Excess Contributions Tax

Excess Contributions Tax

Refund Excess Contributions

Division 293 Tax

Insurance Policy Premiums Paid

Management Fees

Member Expenses

Benefits Paid/Transfers Out
Superannuation Surcharge Tax

Internal Transfer Out

Closing balance at 30/06/2016 58,582.15

Your Balance

Total Benefits

58,582.15

Preservation Components

Preserved

58,517.23

64.92

Unrestricted Non Preserved

Restricted Non Preserved

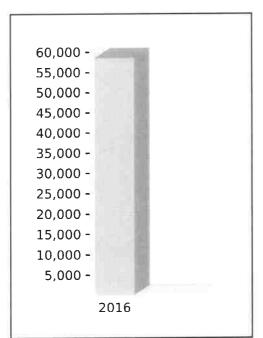
Tax Components

Tax Free

1.85

Taxable

58.580.30



Member number: 69241597

Rollover benefit statement

Section A: Receiving fund

Australian business number (ABN)		56455801397			
Fund name	THE HOPPI	E SUPERFUND			
Postal address	Po Box 643				
Suburb/town/locality	ASPLEY		State/territory	QLD	
Postcode	4034	Country (if outside Australia)			
Unique superannuation id (USI) (also known as SPII	entifier V)				
Member client identifier		BRYNIE HOPPE			

Section B: Member's details

Tax file number (TFN)	3 9 4	6 5 5	8 4 0		
Title Mr	Mrs	Miss X	Ms O	ther	
Family name	Hoppe				
Given name(s)	Brynie				
Residential address	711/25 Dunc	an St			
Suburb/town/locality	WEST END		State/territory	QLD	
Postcode	4101	Country (if ou	tside Australia)		
Date of birth	0 1 /	0 2 / 1 9	8 8	Sex	Male Female X
Daytime phone number (include area	code) ()		
Email address (if applicat	ole)	brynie.hoppe@origir	nenergy.com.au		

Section C: Rollove	er transaction details
Service period start date	1 1 / 0 9 / 2 0 0 4
Tax components:	Preservation amounts:
Tax-free component \$	1 . 85 Preserved amount \$ 57485 . 11
KiwiSaver tax-free \$ component	0 . 00 KiwiSaver preserved \$ 0 . 00
Taxable component	Restricted non- preserved amount \$ 0 . 00
Element taxed in the fund	57548 Unrestricted non-preserved amount \$ 64 . 92
Element untaxed in the fund	0 . 00
TOTAL Tax Components	TOTAL Preservation \$ 57550 . 03 Amounts
Section D: Non-co	omplying funds details
Contributions made to a	non-complying fund on or after 10 May 2006 \$ 0 . 00
	erring fund details
Australian business num	ber (ABN) 65 714 394 898
Fund name	AustralianSuper
Contact name	AustralianSuper Contact Centre
Daytime phone number ((include area code) () 1300 300 273
Email address (if applica	ble) email@australiansuper.com
Section F: Declara	ation
I declare that the information	on contained in the statement is true and correct.
Name (BLOCK LETTERS)	SHAWN BLACKMORE
Trustee, director or authorised officer signature	Date 2 7 / 0 5 / 2 0 1 6

BINDING DEATH BENEFIT NOMINATION FORM

THE HOPPE SUPER FUND

The Directors
The Hoppe Super Fund Pty Ltd
ATF The Hoppe Super Fund
CMA Accounting & Taxation Services
PO Box 9124
Pacific Paradise Qld 4564



I, Brynie Louise Hoppe, of 38 Caspian Parade, WARNER Q 4500, revoke all former binding death benefit nominations that 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

1. 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/s	Relationship	\$ or %
HOPPE	Beign	Father	33 1/3
Hoppe	Marita	Mother	33 1/3
Hoppe	CONNEL	Brother	33 1/3

- 2. I acknowledge that the above 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.
 - b. My legal personal representative.

If any person nominated in this binding death Trustee of the Fund to distribute the benefits nominated persons. If there are no remaining nor Trustee pay my superannuation benefits to my leg	allocated to that person equally among minated persons at the time of my death.	the remaining
- A	gai personal representative.	64

Signed:		Dated:	18.1.16 664
	Witness De	eclaration	
I confirm that this binding in my presence, I am 1 form.	ng death benefit nomination form 8	was signed and dated by dependant nominated in	Brynie Louise Hoppe this binding death nomination
Signature of Witness 1:	L.P.lart	Signature of Witness 2	: Mal
Name of Witness 1:	REGINA PATRICIA PARCE	Name of Witness 2:	CRAIG MARKER
Address of Witness 1:	Unit 2 / 8 Lackeen St	Address of Witness 2:	926 DAVID LOW WAY
	EVERTON YARK 4053		MARLOOLA QLO 4564
Dated:	18.01.16	Dated:	18.01.16

Application for Membership

To: The Trustee of The Hoppe Super Fund

Full Name: By~	X IE Louise	Hoppe	s	 	
Address:	aspial K	a rade			
	Warner	A	4500	 	
Date of Birth	1,02,	1988			
Occupation:					
X Contrac	ts Admic	ustrator	۹	 	
TFN:3.7.	4 655 1	840			

I apply for admission as a member of The Hoppe Super Fund (the "fund") and agree to be bound by the Deed and Rules governing the Fund.

I, hereby declare that I have received sufficient information from the Trustees to enable me to make an informed decision about joining the fund.

I, hereby authorise my employer to make any contributions as and when due, in accordance with the Trust Deed of the fund.

I also agree and undertake the following

- a) I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
- b) I understand the terms and conditions of the Trust Deed, especially those concerning benefits payable.
- c) I consent to act as Trustee if the fund for the purposes of complying with the self-managed super fund requirements.
- d) I will upon request make full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other Superannuation Fun, approved Deposit Fund, rollover Authority or Employer.
- e) I will notify the Trustee at any time I cease to be gainfully employed as defined in the Trust Deed.
- f) I consent to the Trust acting as Trust of the Fund.
- g) I declare that the information completed below regarding nominated dependants (if any) is accurate in every respect.
- h) I declare that in completing this application I was given advice in writing regarding the benefits I would be entitled to in joining the fund, the method of determining that entitlement and the conditions relating to those Benefits.

I am aware that in the event of my death while a member of the Fund the benefit provided under the Deed is payable at the Trustee's discretion to one or more of my dependants, or where I have no dependants, to my estate.

I declare the information provided to the Trustee is true and correct.

I declare the information provided to the Trustee is true and correct.
Signature of member:
Date: 2/

Members Statement

Connor Hoppe

38 Caspian Parade

Warner, Queensland, 4500, Australia

Your Details

Date of Birth:

08/07/1991

Age:

25

Tax File Number:

Provided

Date Joined Fund:

02/01/2015

Service Period Start Date:

Date Left Fund:

Member Code:

HOPCON00001A

Account Start Date

02/01/2015 Accumulation

Account Type: Account Description:

Accumulation

Your Balance

Total Benefits

46,901.87

Preservation Components

Preserved

46,901.87

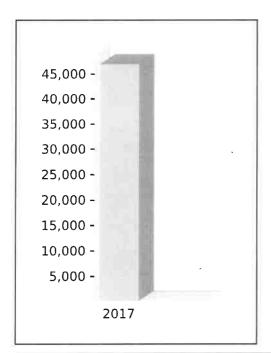
Unrestricted Non Preserved

Restricted Non Preserved

Tax Components

Tax Free

46,901.87 Taxable



Nominated Beneficiaries

Brian Hoppe

Marita Hoppe

Brynie Hoppe

Vested Benefits

46,901.87

Total Death Benefit

46,901.87

Your Detailed Account Summary 01/07/2016 Opening balance at

This Year

38,911.86

Increases to Member account during the period

Employer Contributions 4,956.45

Personal Contributions (Concessional) Personal Contributions (Non Concessional)

Government Co-Contributions

Other Contributions

Proceeds of Insurance Policies

Transfers In

Net Earnings 4,079.73

Internal Transfer In

Decreases to Member account during the period

Pensions Paid

743.47 Contributions Tax Income Tax 302.70

No TFN Excess Contributions Tax

Excess Contributions Tax

Refund Excess Contributions

Division 293 Tax

Insurance Policy Premiums Paid

Management Fees Member Expenses

Benefits Paid/Transfers Out

Superannuation Surcharge Tax

Internal Transfer Out

30/06/2017 46,901.87 Closing balance at

Members Statement

Connor Hoppe

38 Caspian Parade

Warner, Queensland, 4500, Australia

Your Details

Date of Birth:

08/07/1991

Age:

24

Tax File Number:

Provided

Date Joined Fund:

02/01/2015

Service Period Start Date:

Date Left Fund:

Member Code:

HOPCON00001A

Account Start Date

02/01/2015

Account Type:

Accumulation

Account Description:

Accumulation

Your Balance

Total Benefits

38,911.86

Preservation Components

Preserved

38,911.86

Unrestricted Non Preserved

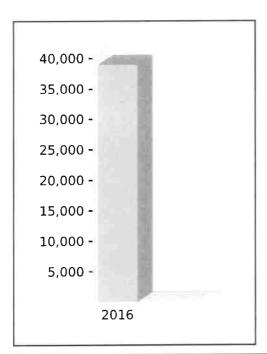
Restricted Non Preserved

Tax Components

Tax Free

Taxable

38.911.86



Nominated Beneficiaries

Brian Hoppe

Marita Hoppe

Brynie Hoppe

Vested Benefits

38,911.86

Total Death Benefit

38,911.86

Your Detailed Account Summary

This Year

Opening balance at 01/07/2015

Increases to Member account during the period

Employer Contributions

Personal Contributions (Concessional)

Personal Contributions (Non Concessional)

Government Co-Contributions

Other Contributions

Proceeds of Insurance Policies

 Transfers In
 39,100.66

 Net Earnings
 (211.55)

Internal Transfer In

Decreases to Member account during the period

Pensions Paid

Contributions Tax

Income Tax (22.75)

No TFN Excess Contributions Tax

Excess Contributions Tax

Refund Excess Contributions

Division 293 Tax

Insurance Policy Premiums Paid

Management Fees

Member Expenses

Benefits Paid/Transfers Out

Superannuation Surcharge Tax

Internal Transfer Out

Closing balance at 30/06/2016 38,911.86

Rollover Benefits Statement

Complete this form if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and

any of the following apply:
- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this

information electronically under the rollover data standards. You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover

- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

SECTION A: Receiving Fund

56 455-801-397 Australian business number (ABN):

The Hoppe Superfund

PO BOX 643

4034 ASPLEY,QLD

(a) Unique superannuation identifier

(b) Member client identifier

001

SECTION B: Member's Details

: 844 525 559 Tax File Number(TFN) : Mr Title

: Hoppe Family Name Connor First Given Name Lewis Other Given Name(s) PO BOX 643

Address **ASPLEY** Suburb/Town QLD State 4034

Postcode

Country 08 / 07 / 1991 Date of Birth · Male

Sex 0732057572 Daytime phone number

: c hoppe@hotmail.com Email address (if applicable)

SECTION C: Rollover Transaction Details

30 / 03 / 2009 Service period start date

Tax Components

0.00 Tax-free component 0.00 KiwiSaver tax-free component Taxable component 39,100.66 Element taxed in the fund 0.00 Element untaxed in the fund

39,100.66 Tax components TOTAL

Preservation amounts

39,100.66 Preserved amount 0.00 KiwiSaver preserved component 0.00 Restricted non-preserved amount 0.00 Unrestricted non-preserved amount

39,100.66 Preservation amounts TOTAL

SECTION D: Non-complying funds

Contributions made to a non-complying fund on or after 10 May 2006

0.00

SECTION E: Transferring Fund

Fund ABN

: 33 761 363 685

Fund name

: Energy Super

Contact name

: GREG

: GEAR

Daytime phone number

: 1300 436 374

Email address

: info@energysuper.com.au

SECTION F: Declaration

AUTHORISED REPRESENTATIVE DECLARATION

Complete this declaration if you are an authorised representative of the superannuation fund or other provider shown in section E.

I declare that:

- I have prepared the statement with the information supplied by the superannuation provider

- I have received a declaration made by the superannuation provider that the information provided to me for the preparation of this statement is true and correct

- I am authorised by the superannuation provider to give the information in the statement to the ATO.

Name

: GREG GEAR

Authorised representative signature

Date: 01 June 2016

Tax agent number (if you are a registered tax agent)

BINDING DEATH BENEFIT NOMINATION FORM

THE HOPPE SUPER FUND

The Directors
The Hoppe Super Fund Pty Ltd
ATF The Hoppe Super Fund
CMA Accounting & Taxation Services
PO Box 9124
Pacific Paradise Qld 4564



I, Connor Lewis Hoppe, of 38 Caspian Parade, WARNER Q 4500, revoke all former binding death benefit nominations that 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

1. 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/s	Relationship	\$ or %
Hoppe	Brian Douglas	Father	33 43
Hoppe	Marita Elizabeth	MOTHER	33 1/3
Hoffe	BITMIE LOUISE	Sister	33 1/3

- 2. I acknowledge that the above 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.
 - b. My legal personal representative.
- 3. If any person nominated in this binding death benefit notice should predecease me, then I direct the Trustee 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 Trustee pay my superannuation benefits to my legal personal representative.

Signed:	Me	Dated:	18-1-16
/*	Witness De	claration	
in my presence, I am	ing death benefit nomination form value of the form value of the form the f	was signed and dated by dependant nominated in	this binding death nomination
form. Signature of Witness 1	f.P.Parl	Signature of Witness 2	: Mul
	REGINA PATRICIA PARLE	Name of Witness 2:	CRAIG MARKER
Address of Witness 1:	Unit 2 /8 Lackeen St		926 DAVID LOW WAY
	EVERTON PARK 4053		MARCOOLA QLD 4564
Dated:	18-01-16	Dated:	18.01.16

Application for Membership

To: The Trustee of The Hoppe Super Fund

Full Name: CONNOR LENIS HOPPE	
Address: 38 CASPIAN Parade	
38 CASPIAN Parade NANER D 4500	
Date of Birth 08 / 07 / 1991	
Occupation:	
ELECTRICIAN	
TFN: 844-525-559	

I apply for admission as a member of The Hoppe Super Fund (the "fund") and agree to be bound by the Deed and Rules governing the Fund.

I, hereby declare that I have received sufficient information from the Trustees to enable me to make an informed decision about joining the fund.

I, hereby authorise my employer to make any contributions as and when due, in accordance with the Trust Deed of the fund.

I also agree and undertake the following

- a) I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
- b) I understand the terms and conditions of the Trust Deed, especially those concerning benefits payable.
- c) I consent to act as Trustee if the fund for the purposes of complying with the self-managed super fund requirements.
- d) I will upon request make full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other Superannuation Fun, approved Deposit Fund, rollover Authority or Employer.
- e) I will notify the Trustee at any time I cease to be gainfully employed as defined in the Trust Deed.
- f) I consent to the Trust acting as Trust of the Fund.
- g) I declare that the information completed below regarding nominated dependants (if any) is accurate in every respect.
- h) I declare that in completing this application I was given advice in writing regarding the benefits I would be entitled to in joining the fund, the method of determining that entitlement and the conditions relating to those Benefits.

I am aware that in the event of my death while a member of the Fund the benefit provided under the Deed is payable at the Trustee's discretion to one or more of my dependants, or where I have no dependants, to my estate.

I declare the information provided to the Trustee is true and correct.

Signature of member:

Date: 02/01 / 2015