

## **INVESTMENT STRATEGY GUIDE**

### **Little Biscuitface Superannuation Fund**

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#### **MEMBERS**

**Amber Michelle Woodgate  
Bradley Robert Woodgate**

#### **TRUSTEES**

**Amber Michelle Woodgate  
Bradley Robert Woodgate**

#### **Objectives**

The following investment objectives and strategies are in accordance with section 52(2)(f) of the *Superannuation Industry (Supervision) Act, 1993* ('SIS Act').

As a general investment objective, the Trustee aims to achieve reasonable medium to long-term growth maintaining low levels of capital volatility and risk.

The Trustee however, accepts that volatility will occur within asset classes in the short-term but will seek sufficient diversification through the Fund's investment portfolio to minimise risk.

The Trustee aims to:

- create superannuation Benefits to Members and their Dependents to meet their retirement needs; and
- ensure that the allocation of resources are distributed amongst an appropriate selection of investments by the Fund to support the above objective.

#### **Investment Strategy**

The Trustee will determine the Fund's investment structure which may include but is not limited to all or one of the following:

- stocks, derivatives, direct equities, dividend reinvestment programs and rights issues;
- property trusts and affiliated investments;
- managed investments and affiliated products;
- direct residential industrial or commercial property investment;
- the Fund may borrow to acquire the beneficial interest in listed Company shares provided the lender's rights on any default of the borrowing or the sum of the borrowing and charges related to the borrowing are limited to rights relating to those listed shares or any replacement to the listed shares.

- the Fund may borrow to acquire the beneficial interest in real estate, provided the lenders rights on any default of the borrowing or the sum of the borrowing and charges related to the borrowing are limited to rights relating to that real estate or any replacement to the real estate.
- bank and other financial institution securities, term deposits, debentures, bonds and secured and unsecured notes; and
- any other investment that does not breach the rules of the Fund.

The below listed range of investments are merely suggestive and is subject to the Trustee(s) discretion in varying the allocation of resources at any time if market conditions or other circumstances warrant a change.

However, if the Trustee wishes to venture into opportunities beyond the below listed parameters, the investment strategy of the Fund and all decisions made must then be fully revised and minuted.

The investment strategy of the fund is tabulated below in the following assets:

Asset	Range
Cash	2 %
Fixed Interest Investment	25 %
Australian Equities	73 %
International Equities	%
Property, direct and indirect	%
Derivatives, options, futures, foreign currency, etc.	%
Other investments: collectables, arts, coins, etc.	%
<b>Total</b>	<b>100%</b>

The Trustee(s) may seek professional advice of accountants, solicitors or financial planners in the structure and planning of the investment strategy. The Trustee(s), in formulating the investment strategy, has taken into account the features of investment types according to both the objectives and superannuation laws summarised below:

- Investment risks and return;
- Liquidity and cash-flow requirements;
- Investment diversification;
- The Fund's ability to discharge liabilities

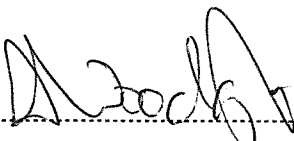
**Policies**

In order to achieve the objectives, the Trustees have agreed upon adopting the following policies:

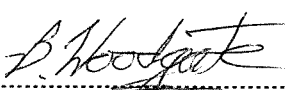
- Regular monitoring of the Fund's investments performance covering the rate of return in income and capital growth, risk profile of the portfolio and the expected cash flow requirements.
- Revising the investment portfolio according to changes in market conditions.

The Trustee(s) will review the strategy at least annually, reserving the right to make changes when appropriate, and to ensure that investments align with the overall strategy.

**Executed by or on behalf of the Trustee**

  
-----  
Amber Michelle Woodgate

1 / 11 / 09  
-----  
Date

  
-----  
Bradley Robert Woodgate



## Self-managed super fund trustee declaration

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

Fund name

THE LITTLE BISCUITFACE SUPERANNUATION FUNDS
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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, which may result in a significant tax penalty on the fund
- prosecute me under the law, which may result 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 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 listed securities, business real property, in-house assets, mergers and special determinations) 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 recourse borrowing arrangements
- 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 annual returns lodged
  - 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
  - accounts and statements that accurately record and explain the transactions and financial position of the fund
- notify the ATO within 28 days of any changes in the
  - membership of the fund, trustees, directors of the corporate trustee or members of the fund
  - 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 as soon as practicable (not later than 28 days) after becoming aware that the fund has ceased to be a SMSF or ceased to exist
- notify the ATO in writing within 28 days of the fund being wound up
- ensure that an approved auditor is appointed to audit the fund for each income year and provide that auditor with documents as requested
- lodge the fund's annual return by the due date.

### DECLARATION

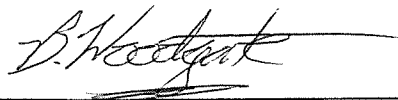
By signing this declaration I acknowledge that I understand my duties and responsibilities as a trustee or director of the corporate trustee of the self-managed superannuation fund named on this declaration (or if the fund's name changes, that name). I understand that:

- 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
- 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

BRADLEY ROBERT NEEDHAM

Trustee's or director's signature



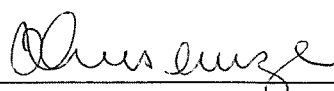
Date

Day: 01 / Month: 11 / Year: 2009

Witness' name (witness must be over the age of 18 years)

TRACY OVERSLIZEN

Witness' signature



Date

Day: 01 / Month: 11 / Year: 2009



## Self-managed super fund trustee declaration

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

Fund name

THE LITTLE BISCUITFACE SUPERANNUATION FUND
--

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- 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.

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 retirement benefits are only accessed by members upon a legitimate condition of release being met
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- ensure that my money and other assets are kept separate from the money and other assets of the fund
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- 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
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- acquiring assets (other than listed securities, business real property, in-house assets, mergers and special determinations) for the fund from members or other related parties of the fund
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**Accepting contributions and paying a benefit**

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  - 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 annual returns lodged
  - copies of all reports given to members
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  - an annual operating statement
  - accounts and statements that accurately record and explain the transactions and financial position of the fund
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  - membership of the fund, trustees, directors of the corporate trustee or members of the fund
  - 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 as soon as practicable (not later than 28 days) after becoming aware that the fund has ceased to be a SMSF or ceased to exist
- notify the ATO in writing within 28 days of the fund being wound up
- ensure that an approved auditor is appointed to audit the fund for each income year and provide that auditor with documents as requested
- 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
- 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

AMBER MICHELLE WOODGATE

Trustee's or director's signature

*Amber Woodgate*

Date

01 / 11 / 2009

Witness' name (witness must be over the age of 18 years)

REEY OVERSLUZEN

Witness' signature

*Reey Oversluzen*

Date

01 / 11 / 2009

**Application for Membership**

of The *LITTLE BISCUITFACE SUPERANNUATION FUND*

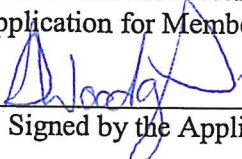
New Member Full Name *AMBER MICHELLE WOODGATE*

Address of Applicant *15 ELSON WAY CLOVERDALE WA 6105*

Employer *CARTER WOODGATE*

Trustee *BEANLEY WOODGATE + AMBER WOODGATE*

1. I apply for the membership of the Fund.
2. If applicable, I have been invited by the Employer for membership to the Fund.
3. I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death, disablement or termination of service with the Employer (where applicable).
4. In consideration of my admission to membership, I agree to abide by and be bound by the provisions of the Trust Deed governing the Fund. I declare that I have no entitlement to any annuity and I am not a member of, nor have I received benefits from, any other superannuation fund or approved deposit fund, other than as set out on the attached page (please supply details of benefits paid or payable on a separate page).
5. I undertake to advise the Trustee, in writing, if at any time I receive or become entitled to receive a benefit from any superannuation fund or approved deposit fund or deferred annuity not declared according to the above.
6. I undertake to advise the trustee in writing of any contributions made by or on behalf of me, other than by the Employer, which would vary the amount specified above.
7. I agree to the Trustee acting as Trustee of the Fund.
8. I enclose my **Nomination Form**.
9. I have read and understood the Fund's Trust Deed. I have noted the benefits payable under this Trust Deed. I have also received my own copy of the Product Disclosure Statement which was attached to this Application for Membership. I have fully read and understood the Product Disclosure Statement.

  
Signed by the Applicant

Date: *1/11/09*



**Application for Membership**

of The LITTLE BISCUITFACE SUPERANNUATION FUND.

New Member Full Name BRADLEY ROBERT WOODWATE

Address of Applicant 15 ELSON WAY CLOVERDALE WA 6105

Employer CARTER WOODWATE

Trustee BRADLEY WOODWATE + AMBER WOODWATE

1. I apply for the membership of the Fund.
2. If applicable, I have been invited by the Employer for membership to the Fund.
3. I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death, disablement or termination of service with the Employer (where applicable).
4. In consideration of my admission to membership, I agree to abide by and be bound by the provisions of the Trust Deed governing the Fund. I declare that I have no entitlement to any annuity and I am not a member of, nor have I received benefits from, any other superannuation fund or approved deposit fund, other than as set out on the attached page (please supply details of benefits paid or payable on a separate page).
5. I undertake to advise the Trustee, in writing, if at any time I receive or become entitled to receive a benefit from any superannuation fund or approved deposit fund or deferred annuity not declared according to the above.
6. I undertake to advise the trustee in writing of any contributions made by or on behalf of me, other than by the Employer, which would vary the amount specified above.
7. I agree to the Trustee acting as Trustee of the Fund.
8. I enclose my **Nomination Form**.
9. I have read and understood the Fund's Trust Deed. I have noted the benefits payable under this Trust Deed. I have also received my own copy of the Product Disclosure Statement which was attached to this Application for Membership. I have fully read and understood the Product Disclosure Statement.

  
Signed by the Applicant

Date: 1/11/2009

# Death Benefit Nomination

This document is a pro forma document only. Professional advice should be obtained before signing this document.

Name of Fund: THE LITTLE BECUTFACE SUPERANNUATION FUND

Member Name: BRADLEY ROBERT WOODWARD

Address: 11 PANORAMIC TEE KALAMUNGA WA 6076

Date of Birth: 11/5/76

I, the Member named above, direct the Trustee of the Fund to pay any benefit in respect of my membership of the Fund following my death ("Benefit") in accordance with this Nomination.

## 1. Revocation

I revoke any previous binding or non-binding nominations.

## 2. Binding or Non-Binding (Please mark the applicable box)

### 2.1 Binding

This Nomination is binding on the Trustee.

OR

### 2.2 Non-binding

This Nomination is not to be binding on the Trustee and the Trustee is under no obligation to comply with it, but may, in exercising its discretion, take into account this Nomination.

## 3. Duration of Nomination

Unless amended or revoked, this Nomination does not lapse or expire unless I have specified otherwise below by marking the applicable box.

This Nomination:

is revoked if I revoke it in accordance with the Trust Deed

OR

does not lapse

OR

lapses on \_\_\_\_\_  
(date)

OR

expires in the event that \_\_\_\_\_  
(eg 'if value of super fund is \$X', or 'Y person predeceases me')

4. Nominee(s)

Name of nominee beneficiaries	Relationship (Specify: spouse, child, interdependency relationship, financially dependant, or Legal Personal Representative of my deceased estate)	DOB	Amount of Benefit (% or \$ or remainder of Benefit)	Manner of Payment: Lump Sum or Pension* (Optional)
AMBER WOODHATE	SPOUSE	7/5/81	100%	<input checked="" type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)

*\*If no manner of payment is specified, the Trustees of the Fund have the discretion to pay my Benefit as one or more lump sums or as a pension.*

5. Redistribution (Please mark the applicable box)

Not Applicable

OR

If any person nominated above dies before me, I direct the Trustee to distribute the Amount allocated to that person as follows: 100% SCARLETT WOODHATE.

6. Remainder of Benefit

To the extent this Nomination does not deal with 100% of my Benefit, the Trustee may, in its discretion, treat any amount not so dealt with in accordance with the Trust Deed.

7. Reversionary Pension

This Nomination does not alter any reversionary pensioner's entitlement.

8. Acknowledgement

I acknowledge that the nominees are my dependants for the purposes of the *Superannuation Industry (Supervision) Act 1993*, being a spouse, child, person who is financially dependent on me, or a person with whom I am in an interdependency relationship, or my legal personal representative.

Signature of Member:  Date: 8/17/14

**Witnesses**

We declare that:

- this Nomination was signed by the Member in our presence;
- we are aged 18 or more; and
- we are not nominated as beneficiaries.

Signature of Witness:  Date: 8/18/14

Print Name of Witness: AMY PRICE Occupation: ACCOUNTANT

Signature of Witness:  Date: 8/17/14

Print Name of Witness: DARREN CARTER Occupation: ACCOUNTANT

# Death Benefit Nomination

This document is a pro forma document only. Professional advice should be obtained before signing this document.

Name of Fund: THE LITTLE BISCUITFACE SUPERANNUATION FUND

Member Name: AMBER MICHELLE WOODWATE

Address: 12 PANORAMIC TCE KALAMUNDA WA 6076

Date of Birth: 7/5/81

I, the Member named above, direct the Trustee of the Fund to pay any benefit in respect of my membership of the Fund following my death ("Benefit") in accordance with this Nomination.

## 1. Revocation

I revoke any previous binding or non-binding nominations.

## 2. Binding or Non-Binding (Please mark the applicable box)

### 2.1 Binding

This Nomination is binding on the Trustee.

OR

### 2.2 Non-binding

This Nomination is not to be binding on the Trustee and the Trustee is under no obligation to comply with it, but may, in exercising its discretion, take into account this Nomination.

## 3. Duration of Nomination

Unless amended or revoked, this Nomination does not lapse or expire unless I have specified otherwise below by marking the applicable box.

This Nomination:

is revoked if I revoke it in accordance with the Trust Deed

OR

does not lapse

OR

lapses on \_\_\_\_\_  
(date)

OR

expires in the event that \_\_\_\_\_  
(eg 'if value of super fund is \$X', or 'Y person predeceases me')

4. Nominee(s)

Name of nominee beneficiaries	Relationship (Specify: spouse, child, interdependency relationship, financially dependant, or Legal Personal Representative of my deceased estate)	DOB	Amount of Benefit (% or \$ or remainder of Benefit)	Manner of Payment: Lump Sum or Pension* (Optional)
BEANLEY WOODWATE	SPOUSE	11/5/76	100%	<input checked="" type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
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				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)

\*If no manner of payment is specified, the Trustees of the Fund have the discretion to pay my Benefit as one or more lump sums or as a pension.

5. Redistribution (Please mark the applicable box)

Not Applicable

OR

If any person nominated above dies before me, I direct the Trustee to distribute the Amount allocated to that person as follows: SCARLETT WOODWATE 100%

6. Remainder of Benefit

To the extent this Nomination does not deal with 100% of my Benefit, the Trustee may, in its discretion, treat any amount not so dealt with in accordance with the Trust Deed.

7. Reversionary Pension

This Nomination does not alter any reversionary pensioner's entitlement.

8. Acknowledgement

I acknowledge that the nominees are my dependants for the purposes of the *Superannuation Industry (Supervision) Act 1993*, being a spouse, child, person who is financially dependent on me, or a person with whom I am in an interdependency relationship, or my legal personal representative.

Signature of Member:



Date:

8/13/14

**Witnesses**

We declare that:

- this Nomination was signed by the Member in our presence;
- we are aged 18 or more; and
- we are not nominated as beneficiaries.

Signature of Witness:



Date:

8/13/14

Print Name of Witness:

AMY PRICE

Occupation:

ACCOUNTANT

Signature of Witness:



Date:

8/13/14

Print Name of Witness:

SARAH CARTER

Occupation:

ACCOUNTANT



052

Our reference: 7050003379246  
TFN: 910 901 520

THE TRUSTEE FOR THE LITTLE  
BISCUITFACE SUPERANNUATION FUND  
15 ELSON WAY  
CLOVERDALE WA 6105

20 November 2009

**Please send all future information about your superannuation fund to us**

Dear Sir/Madam

We recently received information from you about THE TRUSTEE FOR THE LITTLE BISCUITFACE SUPERANNUATION FUND.

You have chosen to make this a regulated self-managed superannuation fund (SMSF). As we are responsible for regulating this type of fund, all future information you provide about THE TRUSTEE FOR THE LITTLE BISCUITFACE SUPERANNUATION FUND, including your SMSF annual return, should be sent to us.

**More useful information**

On the back of this letter you'll find some guidance and useful links for running a self-managed superannuation fund. If you'd like to discuss something with us you can phone us on **13 10 20** between 8.00am and 6.00pm, Monday to Friday. We'll be happy to help.

Yours faithfully

Raelene Vivian  
Deputy Commissioner of Taxation







MR BRADLEY R WOODGATE  
15 ELSON WAY  
CLOVERDALE WA 6105

Our reference: 7200005568238  
TFN: 143 477 700

25 November 2009

## Your role as a trustee of a self-managed super fund Please keep this letter

Dear MR WOODGATE

We're writing about your responsibilities as the trustee of THE LITTLE BISCUITFACE SUPERANNUATION FUND (62 579 697 075). You need to keep this letter as proof of your role in your self-managed super fund (SMSF) if you make any rollover requests.

If you're not a trustee of this SMSF please phone us on **13 10 20** between 8.00am and 6.00pm, Monday to Friday.

### Early access to super benefits

You need to be aware that access to super benefits before retirement is only allowed in very limited circumstances. A primary responsibility of a trustee to a SMSF is to ensure the fund is not used to enable the illegal early release of super benefits. This is considered a serious breach and will result in fines and even imprisonment.

### Your other responsibilities

It's important you understand your duties, responsibilities and obligations as significant penalties may be imposed if you fail to perform them.

You can find detailed information in the enclosed guide, *Running a self-managed super fund*, about your responsibilities including:

- protecting and investing all your members' preserved benefits for their retirement, and
- notifying us within 28 days if there is a change in the trustees, directors of the corporate trustee or members of your fund, or if you change the fund's contact details. You can do this either:
  - online at [www.abr.gov.au](http://www.abr.gov.au) if you're registered electronically with the Tax Office (that is you have an ATO digital certificate), or
  - by sending us a *Change of details for superannuation entities* (NAT 3036) form which is available on our website at [www.ato.gov.au](http://www.ato.gov.au) or by phoning **1300 720 092**.

We've also enclosed our publication, *How your self-managed super fund is regulated*, which explains how we'll work with you to help you meet your obligations.





052

MRS AMBER M WOODGATE  
15 ELSON WAY  
CLOVERDALE WA 6105

Our reference: 7200005573628  
TFN: 351 842 931

25 November 2009

TFN: 910 901 520

## Your role as a trustee of a self-managed super fund

### Please keep this letter

Dear MRS WOODGATE

We're writing about your responsibilities as the trustee of THE LITTLE BISCUITFACE SUPERANNUATION FUND (62 579 697 075). You need to keep this letter as proof of your role in your self-managed super fund (SMSF) if you make any rollover requests.

If you're not a trustee of this SMSF please phone us on **13 10 20** between 8.00am and 6.00pm, Monday to Friday.

### Early access to super benefits

You need to be aware that access to super benefits before retirement is only allowed in very limited circumstances. A primary responsibility of a trustee to a SMSF is to ensure the fund is not used to enable the illegal early release of super benefits. This is considered a serious breach and will result in fines and even imprisonment.

### Your other responsibilities

It's important you understand your duties, responsibilities and obligations as significant penalties may be imposed if you fail to perform them.

You can find detailed information in the enclosed guide, *Running a self-managed super fund*, about your responsibilities including:

- protecting and investing all your members' preserved benefits for their retirement, and
- notifying us within 28 days if there is a change in the trustees, directors of the corporate trustee or members of your fund, or if you change the fund's contact details. You can do this either:
  - online at [www.abr.gov.au](http://www.abr.gov.au) if you're registered electronically with the Tax Office (that is you have an ATO digital certificate), or
  - by sending us a *Change of details for superannuation entities* (NAT 3036) form which is available on our website at [www.ato.gov.au](http://www.ato.gov.au) or by phoning **1300 720 092**.

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