

Change of details for superannuation entities

superannuation entity:	details, see page 2 of the Instructions.
Australian Prudential Regulation Authority (APRA) fund type structure Australian superannuation fund status	In this form, 'entity' and 'entities' are terms used to refer to the superannuation fund or trust that is changing its details,
entity name / other name address authorised contact person associates (trustees, members, directors of corporate)	We will only process this form if you are recorded with us as being authorised to update details on behalf of the entity.
trustees, legal personal representatives), or financial account details. This form can also be used by superannuation entities to: elect to be regulated under the Superannuation Industry (Supervision) Act 1993 become a self-managed superannuation fund, or become an APRA regulated superannuation fund.	■ Refer to the instructions to help you complete this form. ■ Print clearly using a black or dark blue pen. ■ Use BLOCK LETTERS and print one character per box. ■ Place in all applicable boxes. ■ Do not use correction fluid or covering stickers.
Section A: Entity information	
What is the entity's Australian business number (A Refer to 'The Australian Business Register and your priva ABN 3 8 1 7 0 4 9 8 4 1 8 or TFN	
2 What is the entity's legal name as it appears on the	e Australian Business Register?
MIDYVAIL SUPERANNUA	TION FUND
From what date do you want the changes to take of the changes the ch	effect?
Section B: Do you want to change th	e entity type?
No X Go to Section C	
Ä	
Yes Complete this section	
4 What is the new entity type? (place X in one box only)
See Instructions page 2 An ATO regulated self-managed Go to Sect superannuation fund	ion D
An Australian Prudential Regulation Authority (APRA) regulated superannuation fund (Go to Sect	ion C

	S	ection C: Are you electing to become an APRA fund or changing your APRA fund type?
		No X Go to Section D
		Yes Complete this section
		Too by complete this section
	5	What is the new APRA fund type? (place X in one box only)
		See Instructions page 3
		Public offer fund Small APRA fund
		Non-public offer fund Approved deposit fund
		Public sector fund Pooled superannuation trust
		Public sector superannuation scheme
	Se	ection D: Do you want to change the entity's structure?
	00	This question must be answered if you have notified a change of entity type in Section B
		or you are adding or removing a member for self-managed funds.
		No X Go to Section E
4		Yes Complete this section
2	6	What is the entity's new structure? (place X in one box only)
2		See Instructions page 4
- Detacilionii nele		Accumulation fund
4		Defined benefit fund
		Both accumulation and defined benefit fund how many defined benefit members does the entity have?
		Do not include accumulation members in this total.
	Se	ection E: Do you want to change the entity's residency status?
		(That is, the entity became or ceased to be an Australian superannuation fund for tax purposes.)
		No X Go to Section F
		Yes Complete this section
	7	What is the new residency status of the entity?
		See Instructions page 4
		Australian superannuation fund
		Foreign superannuation fund

Section F: Do you want to change the entity's name?
No X Go to Section G
Yes Complete this section
8 What is the entity's new name?
This should be the new name of the entity that appears in the trust deed or governing rules.
Want to add or remove other names? This 'other name' is not the name referred to at question 2. It is an additional name that the entity may be commonly known by. For example, a name that is used in advertising. No X Go to Section H Yes Complete this section If you are changing the other name of the entity, provide the new name at question 9 and the old name at question 10. Do you want to add a name? No Go to question 10 Yes What name do you want to add?

If you want to add more than one name, provide the details on a separate sheet of paper and include with this form. Include the name (provided at question 2) and ABN of the entity on each sheet. Title the additional sheets of paper with the heading, 'Other names to be added'.

No Oo to Section H
Yes What name do you want to remove?
If you want to remove more than one name, provide the details on a separate sheet of paper and include with this form. Include the name (or wilded at a section 0) and ARM (it is it.)
Section H: Do you want to update the entity's address details?
This section should be used to change the main business address, postal address or email address of the entity. Only provide address details for those addresses that need updating.
No X Go to Section I
Yes Complete this section
11 Where is the entity's now main business location or address?
11 Where is the entity's new main business location or address? This must be a street address, for example, 123 Smith St.
This must be a street address, for example, 123 Smith St.
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This must be a street address, for example, 123 Smith St. It cannot be a post office box number, roadside mail bag, roadside delivery or other delivery point address. Suburb/town/locality State/territory Postcode Country if outside Australia
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▲ Detach form here ▲

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	17	Do you want to add more than one authorised contact person?
		No O Go to question 18
		Yes Provide these details on a separate sheet of paper:
		■ title each page with 'Add authorised contacts' ■ title each page with 'Add authorised contacts'
		In the ABN and legal name of the entity
		all information we request at questions 15 and 16.
		If additional contact people are registered tax or BAS agents, provide their registration number.
	18	Do you want to remove an authorised contact?
		Provide details of the person who was previously authorised as a contact person but who may no longer be contacted in relation to the entity.
		No Go to Section J
		Yes Which authorised contact do you want to remove?
		Title: Mr Mrs Miss Ms Other
		Preferred name
	19	Do you want to remove more than one authorised contact person?
		No O Go to Section J
		Yes Provide these details on a separate sheet of paper:
4		■ title each page with 'Remove authorised contacts' ■ title each page with 'Remove authorised contacts'
9.0		■ the ABN and legal name of the entity
든		= all information use required at acception 10
Ε		■ all information we request at question 18.
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Detach form	Se	ction J: Do you want to update the entity's associate details? This section is used to add or remove associates of the entity.
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Page 6

21 Is the new associate a corporate trustee?
No Go to question 22
Yes X Provide corporate trustee details below
Full name of the corporate trustee
HAMMILL INVESTMENTS AUSTRALIA PTY LTD
Australian Company Number (ACN) or Australian Registered Body Number (ARBN) Tax file number
The corporate trustees ACN or ARRA mank to available Refer to the 'Tax file number
disclosure' on page 6 of this form.
22 Do you want to add individuals associated with the entity?
No O Go to question 24
Yes X) Provide details below of the individual associates you want to add.
Individuals include:
trustees members of the self-managed superannuation fund
■ directors of the corporate trustee (for self-managed superannuation funds only), and
■ legal personal representatives.
You may be contacted to provide further evidence to confirm the appointment of a legal personal representative.
INDIVIDUAL ONE
All position/s held (place X in all applicable boxes)
Individual Director of the x Member of self-managed Legal personal rustee corporate trustee superannuation fund
Title: Mr Mrs Miss Ms X Other Family name
H A M M I L L D Other given names
PATRICIA JOYCE JOYCE
Tax file number 3 1 7 8 5 6 4 5 6 Refer to the 'Tax file number disclosure' on page 6 of this form.
Date of birth 1 4 / 0 3 / 1 9 4 2 Sex Male Female X
INDIVIDUAL TWO
All position/s held (place X in all applicable boxes)
Individual Director of the trustee Member of self-managed Legal personal representative
Name C C C C C C C C C C C C C C C C C C C
Title: Mr Mrs Miss Ms Other Family name
First given name Other given names
Cither given names Cuther given names
Tax file number
Date of birth / Sex Male Female

23 Do you want to add more individuals associated with the entity?
No X Go to question 24
Yes Provide these details on a separate sheet of paper: If title each page with 'Add associates' If the ABN and legal name of the entity If all information we request at question 22.
24 Do you want to remove a corporate trustee of the entity?
No D Go to question 25
Yes Provide details below of the corporate trustee you want to remove.
Full name of the corporate trustee
Australian Company Number (ACN) or Australian Registered Body Number (ARBN) Tax file number
Refer to the 'Tax file number
disclosure' on page 6 of this form.
25 Do you want to remove an individual associated with the entity?
No Oo to Section K
Yes X Provide details below of the individual associate you want to remove.
All position/s held (place X in all applicable boxes)
Individual X Director of the trustee Corporate trustee Superannuation fund X Legal personal representative Name
Title: Mr Mrs Miss Ms X Other
Family name [H] A M M L L C C C C C C C C
H A M M I L L C Other given name Other given names
PATRICIA JOYCE JOYCE
Tax file number 3 1 7 8 5 6 4 5 6 Nefer to the 'Tax file number disclosure' on page 6 of this form,
Date of birth 1 4 / 0 3 / 1 9 4 2 Sex Male Female X
Date of birth 1 4 / 0 3 / 1 9 4 2 Sex Male Female X
26 Do you want to remove more than one individual associated with the entity?
No D Go to Section K
Yes X Provide these details on a separate sheet of paper:
title each page with 'Remove associates'
m the ABN and legal name of the entity

Change of Details for Superannuation Entities Associates to be removed

Mindyvail Superannuation Fund

ABN: 38 170 498 418

Date of birth

0

9 2

Q.26 Do you want to remove more than one individual associated with the entity?

Provide details of the additional associate that you want to remove on a separate sheet of paper and include with the Change of Details form. Ensure that any additional sheets of paper include the name (provided at question 2) and ABN of the entity.

Position held (Place X in all applicable boxes):

Director of the Corporate Trustee

Individual Trustee

X

Member of self managed superannuation fund

Title: Mr Mrs Miss Ms

X

Family Name

P E R I L L O

First Given Name

F R A N C I S

Other given name

J O H N

Tax file number

Sex: Male

Female

Section	account details for activity statement refunds?
	If you want to receive activity statement refunds and superannuation monies via electronic funds transfer,
	you must complete both Sections K and L even if the details are the same.
	No X Go to Section L
	Yes Complete this section
Refunds v provided the entite the entite a legal of the entite and the entities and the entite and the entite and the entities and the entitle and the entities and th	the entity's new financial institution account details for activity statement refunds? will only be paid directly into a recognised financial institution account located in Australia. The account details must be held by: y (solely or jointly) y's registered tax or BAS agent, or reactitioner acting as trustee or executor for the entity. do not provide these details we cannot refund money owed. St be 6 digits) Account number The for example, ABC Superannuation Fund, account type, such as cheque, savings or mortgage offset.
Is the account	agent for the entity
	The entity jointly with others A legal practitioner acting as trustee or executor for the entity
request the Co more informati	cou wish to nominate for refunds is not one of the four complying account options presented above, you can immissioner of Taxation to exercise his discretion to pay electronic funds into the account of a third party. For on phone 13 28 66 between 8.00am and 6.00pm, Monday to Friday. Do you want to update the entity's financial institution account details to receive payments of superannuation
	monies by electronic funds transfer?
	No X Go to Section M
	Yes Complete this section
	the entity's new financial institution account details to receive payments of nuation monies?
	nstructions page 6
The acco the enti the enti	vill only be paid directly into a recognised financial institution account located in Australia. Int details provided must be held by: y (solely or jointly) y's registered tax or BAS agent, or Iractitioner acting as a trustee or executor for the entity.
Payment	of superannuation monies will be made to the nominated bank account until notified otherwise,
BSB code (mu	st be 6 digits) Account number
	me – for example, ABC Superannuation Fund.
Do not snow th	e account type, such as cheque, savings or mortgage offset.
	▗┅▗┅▃┅▃┅▃┅▃┅▃┅▃┅▃┅▃┅▃┅▃┅▃┅▃┅▃┅▃┅▃┅▃┅▃┅▃
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This notice of election must be made if entities are electing to be regulated under the Superannuation Industry (Supervision) Act 1993 and be eligible for tax concessions. Entities already regulated under this Act should go to Section N.) Is the entity electing to be regulated under the Superannuation Industry (Supervision) Act 1993? See Instructions page 6 Go to Section N Yes Complete this section I/We, the trusted/s or director/s or secretary of the corporate trustee of (insert full name of entity as shown on the trust deed) Name of entity elect that the Superannuation Industry Supervision) Act 1993 is to apply in relation to the superannuation entity, and understand that the election is irrevocable. Indicate the basis on which the entity is regulated (place $|\mathcal{X}|$ in one or both boxes as appropriate) The governing rules provide that the sole or primary purpose of the entity is the provision of age pensions. Pensions power and/or The entity trustee is a constitutional corporation pursuant to a requirement contained in the governing rules. Corporations power Individual trustees Each individual trustee must sign and date below. Date Date Date Corporate trustees Signed by, or on behalf of, the body corporate in a way that is effective in law, and that binds the body corporate. Date Common seal of corporation See 'Corporate trustees' on page 6 of the Instructions. Page 10 IN-CONFIDENCE - when completed

Section M: Notice of election

Section N: Self-managed superannuation fund trustee disclosure

Privacy

We are authorised by the Superannuation Industry (Supervision) Act 1993 to collect the information in this section. This information will be used to assess a person's eligibility to be an individual trustee, a corporate trustee or a responsible officer of a corporate trustee of a self-managed superannuation fund. This information will only be disclosed where permitted by law. Agencies we routinely disclose this information to include the Australian Prudential Regulation Authority and the Australian Securities & Investments Commission.

30	Is the entity a self-managed superannuation fund or electing to b self-managed superannuation fund?	ecome a	
	No Go to Section O		
	Yes Ocompete this section		
31)	Is there an individual trustee who is a legal personal representati guardian acting on behalf of a member under a legal disability?	ve, or a pare	ent or
	Yes Go to question 33		
32)	Is there a director of a corporate trustee who is a legal personal guardian acting on behalf of a member under a legal disability? No Yes O Go to question 33 A legal personal representative does not include a registered tax or BAS agmeet the definition on page 5 of the Instructions.		ning and a statement and
AA)	281		
33)	Does the fund intend to be a self-managed superannuation fund See Instructions page 7	for 12 mont	hs or longer?
	No No		
	Yes T		
Tru	stee disclosure supplementary questions		
	These questions must be answered on behalf of all individual trustees, a corporate trustee and responsible officers of a corporate trustee.		
-	Individual trustees of a self-managed superannuation fund		
	Have any of the trustees been convicted of an offence in respect of dishonest conduct in the Commonwealth or any state, territory or foreign country?	No 🗌	Yes
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	Has a civil penalty order ever been made in relation to any of the trustees?	No 🔛	Yes
	Are any of the trustees an undischarged bankrupt?	No	Yes
	Have any of the trustees been notified that they are a disqualified person by a Regulator (APRA or the Commissioner of Taxation)?	No 🗌	Yes
	Corporate trustee of a self-managed superannuation fund		-
	Does the company know or have reasonable grounds to suspect, that a		
	person who is, or is acting as, a responsible officer of the body corporate is a disqualified person?	No 🗌	Yes
	Has a receiver, or a receiver and manager of the company been appointed?	No	Yes
	Has the company been placed under official management?	No	Yes
	Has a provisional liquidator of the company been appointed?	No	Yes
	Is the company being wound-up?	No	Yes

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Make a copy of this application for your own records before you send it to: Australian Business Register PO Box 3373 PENRITH NSW 2740

Section O: Declaration