

29 June 2016

To: The Trustees
C/- Leonard & Shana Cheung Superannuation Fund
523 Heidelberg Rd
ALPHINGTON VIC 3078

Dear Trustees,

Leonard & Shana Cheung Superannuation Fund

TRUSTEE DOCUMENTATION

Please find enclosed documentation to appoint the Trustee(s) of the Leonard & Shana Cheung Superannuation Fund.

As your request requires a change of Trustees for your Self Managed Super Fund the following action is required:

Bank Account

To execute the change of trustee request, we have enclosed a new Commonwealth Accelerator Cash Account application for your SMSF. Please complete where indicated and return to our office in the envelope provided.

In addition we have enclosed an Authority for CBA to close your existing Commonwealth Accelerator Cash Account and transfer the funds to the new CBA Accelerator Cash Account. **Please note that this Authority can only be finalised by you once you have received the new CBA Accelerator Cash Account Number.**

Importantly, payments made to and from your existing CBA Accelerator Cash Account will need to be redirected to your new CBA Accelerator Cash Account. In addition please ensure that any unsettled trades are finalised prior to the closure of your existing CBA Accelerator Cash Account.

Share Trading Account

Unfortunately, CHESS and the Australian Stock Exchange (ASX) do not allow a change of Trustee to an existing Share Trading Account. Where a change of Trustee has occurred a new Share Trading Account is required to be established.

If you currently hold shares in your SMSF CommSec Share Trading Account, these shares will be required to be transferred via Off Market Transfer to your New CommSec Share Trading Account (CommSec currently charges \$54 per transfer). If you require any further information on how to transfer shares please contact CommSec on 13 15 19.

Accordingly, an application to establish a new Share Trading Account with CommSec for your Self Managed Super Fund (SMSF) is enclosed. You will be provided with a new login and Account Number. Once you have received your new CommSec Account details, you can complete the Off Market Transfer.

The New Trustee(s) and Member(s) of the Leonard & Shana Cheung Superannuation Fund will be as follows:

Trustees

Leonard Lung-Hin Cheung
Shana Cheung
Percy Pusheng Cheung
Pauline Puli Cheung

Members

Leonard Lung-Hin Cheung
Shana Cheung
Percy Pusheng Cheung
Pauline Puli Cheung

ACTION REQUIRED

1. Please sign the enclosed documentation where indicated.
2. Please return to our office in the reply paid envelope the section of the package termed "Documentation to be signed and returned to ESUPERFUND" **by 13 July 2016.**
3. Please retain the documentation termed "Documentation to be signed and retained by you".
4. Please complete, sign and return the Authority located at 'Documentation to be signed and returned to Commonwealth Bank' once you have received the new Accelerator Cash Account Number from CBA.

Please do not hesitate to contact our office should you have any queries.

Yours sincerely,

Client Services Team
ESUPERFUND

Leonard & Shana Cheung Superannuation Fund

Documentation to be signed and retained by you

Pauline Puli Cheung
Percy Pusheng Cheung

(“The New Trustee”)

and

Leonard Lung-Hin Cheung
Shana Cheung

(“The Existing Trustees”)

DEED OF APPOINTMENT OF TRUSTEE

OF THE

Leonard & Shana Cheung Superannuation Fund

DEED OF APPOINTMENT OF TRUSTEE

THIS DEED OF APPOINTMENT OF TRUSTEE IS MADE
THE 28 June 2016

("Date of Appointment")

BETWEEN

Leonard Lung-Hin Cheung

Shana Cheung

("the Existing Trustee(s)")

AND

Percy Pusheng Cheung

Pauline Puli Cheung

("the New Trustee(s)")

THIS DEED WITNESSES

1. The new Trustee has consented to its appointment as trustee of the Fund as testified by their execution of this Deed.
2. In accordance with the powers conferred on the Existing Trustee by the trust deed, the New Trustee is appointed to be Trustee of the Fund to act as trustee of the Fund upon the terms and powers contained in the trust deed.
3. The appointment shall commence on the date specified in this deed.
4. The New Trustee consents to its appointment as trustee of the Fund as from the Date of Appointment and agrees to administer the Fund in accordance with the terms and powers contained in the trust deed.
5. The new trustee declares that it is not disqualified from acting as trustee under the Superannuation Industry (Supervision) Act 1993 and undertakes to resign its office upon being disqualified from so acting.
6. The Existing Trustee agree to arrange for a transfer of all assets of the Fund in their possession or under their control to the New Trustee and the Existing Trustee as trustees for the Fund with all practicable speed and to do all such further actions, matters and things as shall be required to vest the assets of the Fund in the New Trustee and Existing Trustee.
7. The parties by their execution of this Deed agree that the appointment of the New Trustee shall take effect on the Date of Appointment.

EXECUTED BY THE PARTIES AS A DEED:

SIGNED SEALED AND DELIVERED by the said
Leonard Lung-Hin Cheung as Existing Trustee in
the Presence of:

)
).....
) Leonard Lung-Hin Cheung



.....
(Print name of adult witness)

.....
(Signature of adult witness who is not a party to
this deed)



SIGNED SEALED AND DELIVERED by the said
Shana Cheung as Existing Trustee in the
Presence of:

)
).....
) Shana Cheung



.....
(Print name of adult witness)

.....
(Signature of adult witness who is not a party to
this deed)



EXECUTED BY THE PARTIES AS A DEED:

SIGNED SEALED AND DELIVERED by the said
Percy Pusheng Cheung as New Trustee in the
Presence of:

)
).....
) Percy Pusheng Cheung



.....
(Print name of adult witness)

.....
(Signature of adult witness who is not a party to
this deed)



SIGNED SEALED AND DELIVERED by the said
Pauline Puli Cheung as New Trustee in the
Presence of:

)
).....
) Pauline Puli Cheung



.....
(Print name of adult witness)

.....
(Signature of adult witness who is not a party to
this deed)



Leonard & Shana Cheung Superannuation Fund

Individual Trustee Declarations

I, Percy Pusheng Cheung make the following declarations:

- I have not been convicted of an offence against or arising out of a law of the Commonwealth, a State, a Territory or a foreign country, being an offence in respect of dishonest conduct.
- I have not had a civil penalty order made against me under the *Superannuation Industry (Supervision) Act 1993*.
- I am not an insolvent under administration.
- I have not been disqualified under section 120A of the *Superannuation Industry (Supervision) Act 1993*.

Date: 28 June 2016

Signed: _____
Percy Pusheng Cheung
Trustee



Consent to Appointment as Trustee

I consent to being appointed a trustee of the Leonard & Shana Cheung Superannuation Fund

Date: 28 June 2016

Signed: _____
Percy Pusheng Cheung



Leonard & Shana Cheung Superannuation Fund

Individual Trustee Declarations

I, Pauline Puli Cheung make the following declarations:

- I have not been convicted of an offence against or arising out of a law of the Commonwealth, a State, a Territory or a foreign country, being an offence in respect of dishonest conduct.
- I have not had a civil penalty order made against me under the *Superannuation Industry (Supervision) Act 1993*.
- I am not an insolvent under administration.
- I have not been disqualified under section 120A of the *Superannuation Industry (Supervision) Act 1993*.

Date: 28 June 2016

Signed:

Pauline Puli Cheung
Trustee



Consent to Appointment as Trustee

I consent to being appointed a trustee of the Leonard & Shana Cheung Superannuation Fund

Date: 28 June 2016

Signed:

Pauline Puli Cheung



Leonard & Shana Cheung Superannuation Fund

RESOLUTION OF TRUSTEE

Leonard Lung-Hin Cheung AND Shana Cheung (Existing Trustees) being the Trustees of the above Fund DO HEREBY RESOLVE as follows:

AUTHORISED
SIGNATORY:

That Percy Pusheng Cheung AND Pauline Puli Cheung (New Trustee(s)) may complete and sign on behalf of the Trustee any documentation of whatever kind required to:-

- 1. make, acquire, change, redeem or dispose of any investment in the Fund;
- 2. open an account with any bank or financial institution and to operate any such account but without limiting the generality of the foregoing to sign, draw and endorse cheques and other negotiable or transferable instruments on any such account and to close the same;
- 3. acquire any policy of assurance or insurance, and to pay premiums, transfer, surrender, change the status of and deal with such policies.

DATED the 28 June 2016

.....
Leonard Lung-Hin Cheung
(Existing Trustee)



.....
Shana Cheung
(Existing Trustee)



Leonard & Shana Cheung Superannuation Fund
MINUTES OF TRUSTEES DATED THE 28 June 2016

Appointment of Trustees:

It was noted that Percy Pusheng Cheung AND Pauline Puli Cheung (New Trustees) have given notice to the Existing Trustees in accordance with the Deed of Trust to be appointed as Trustees of the Leonard & Shana Cheung Superannuation Fund.

It was hereby resolved that Percy Pusheng Cheung AND Pauline Puli Cheung (New Trustee(s)) be appointed as Trustees of the Trust.

Closure:

There being no further business the meeting was then closed.

.....
Leonard Lung-Hin Cheung
(Existing Trustee)



.....
Shana Cheung
(Existing Trustee)



Leonard & Shana Cheung Superannuation Fund

Product Disclosure Statement

| | |
|----------------------|----------------------|
| Member name: | Percy Pusheng Cheung |
| Trustee name: | Percy Pusheng Cheung |

Important information about the operation of your Self Managed Superannuation Fund is contained in the Product Disclosure Statement. A copy of the Product Disclosure Statement is included with this documentation and can be found in the section marked "Documents to be retained by you".

Leonard & Shana Cheung Superannuation Fund

Product Disclosure Statement

| | |
|----------------------|---------------------|
| Member name: | Pauline Puli Cheung |
| Trustee name: | Pauline Puli Cheung |

Important information about the operation of your Self Managed Superannuation Fund is contained in the Product Disclosure Statement. A copy of the Product Disclosure Statement is included with this documentation and can be found in the section marked "Documents to be retained by you".



Self-managed super fund trustee declaration

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

Fund name

| |
|--|
| Leonard & Shana Cheung Superannuation Fund |
|--|

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

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

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

- impose administrative penalties on me
- give me a written direction to rectify any contraventions or undertake a course of education
- 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 significant adverse tax consequences for the fund
- prosecute me under the law, which may result in fines or imprisonment.

Sole purpose

I understand it is my responsibility to ensure the fund is only maintained for the purpose of providing benefits to the members upon their retirement (or attainment of a certain age) or their beneficiaries if a member dies. I understand that I should regularly evaluate whether the fund continues to be the appropriate vehicle to meet this purpose.

Trustee duties

I understand that by law I must at all times:

- 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 members only access their super benefits if they have met a legitimate condition of release
- refrain from entering 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)
- refrain from entering 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
- 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.

I also understand that by law I must prepare, implement and regularly review an investment strategy having regard to all the circumstances of the fund, which include, but are 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 (including benefit payments)
- whether the trustees of the fund should hold insurance cover for one or more members of the fund.

Accepting contributions and paying benefits

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

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:

- lending money of the fund to, or providing financial assistance to, a member of the fund or a member's relative (financial assistance means any assistance that improves the financial position of a person directly or indirectly, including the provision of credit)

- acquiring assets (other than business real property, listed securities, certain in-house assets and acquisitions made under mergers allowed by special determinations or acquisitions as a result of a breakdown of a relationship) for the fund from members or other related parties of the fund
- borrowing money (or maintaining an existing borrowing) on behalf of the fund except in certain limited circumstances (while limited recourse borrowing arrangements are permitted, they can be complex and particular conditions must be met to ensure that legal requirements are not breached)
- 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 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 and any earnings from those assets reflects their market value).

Administration

I understand that the trustees of the fund must:


- keep and retain for at least 10 years
 - minutes of all trustee meetings at which matters affecting the fund were considered (this includes investment decisions and decisions to appoint members and trustees)
 - records of all changes of trustees, including directors of the corporate trustee
 - each trustee's consent to be appointed as a trustee of the fund or a director of the corporate trustee
 - all trustee declarations
 - copies of all reports given to members
- ensure that the following are prepared and retained for at least five years
 - an annual statement of the financial position of the fund
 - an annual operating statement
 - copies of all annual returns lodged
 - accounts and statements that accurately record and explain the transactions and financial position of the fund
- appoint an approved SMSF auditor each year, no later than 45 days before the due date for lodgment of the fund's annual return and provide documents to the auditor as requested
- lodge the fund's annual return, completed in its entirety, by the due date
- notify the ATO within 28 days of any changes to the
 - membership of the fund, or trustees or directors of the corporate trustee
 - name of the fund
 - contact person and their contact details
 - postal address, registered address or address for service of notices for the fund
- notify the ATO in writing within 28 days if the fund becomes an Australian Prudential Regulation Authority (APRA) regulated fund.

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.
- I do not have access to the government's financial assistance program that is available to trustees of APRA regulated funds in the case of financial loss due to fraudulent conduct or theft.


Trustee's or director's name

Percy Pusheng Cheung 

Trustee's or director's signature

Date
 Day Month Year
 / /

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



Witness' signature

Date
 Day Month Year
 / /



Self-managed super fund trustee declaration

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

Fund name

| |
|--|
| Leonard & Shana Cheung Superannuation Fund |
|--|

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

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

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

- impose administrative penalties on me
- give me a written direction to rectify any contraventions or undertake a course of education
- 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 significant adverse tax consequences for the fund
- prosecute me under the law, which may result in fines or imprisonment.

Sole purpose

I understand it is my responsibility to ensure the fund is only maintained for the purpose of providing benefits to the members upon their retirement (or attainment of a certain age) or their beneficiaries if a member dies. I understand that I should regularly evaluate whether the fund continues to be the appropriate vehicle to meet this purpose.

Trustee duties

I understand that by law I must at all times:

- 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 members only access their super benefits if they have met a legitimate condition of release
- refrain from entering 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)
- refrain from entering 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
- 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.

I also understand that by law I must prepare, implement and regularly review an investment strategy having regard to all the circumstances of the fund, which include, but are 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 (including benefit payments)
- whether the trustees of the fund should hold insurance cover for one or more members of the fund.

Accepting contributions and paying benefits

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

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:

- lending money of the fund to, or providing financial assistance to, a member of the fund or a member's relative (financial assistance means any assistance that improves the financial position of a person directly or indirectly, including the provision of credit)

- acquiring assets (other than business real property, listed securities, certain in-house assets and acquisitions made under mergers allowed by special determinations or acquisitions as a result of a breakdown of a relationship) for the fund from members or other related parties of the fund
- borrowing money (or maintaining an existing borrowing) on behalf of the fund except in certain limited circumstances (while limited recourse borrowing arrangements are permitted, they can be complex and particular conditions must be met to ensure that legal requirements are not breached)
- 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 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 and any earnings from those assets reflects their market value).

Administration

I understand that the trustees of the fund must:

- keep and retain for at least 10 years
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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 reports given to members
- ensure that the following are prepared and retained for at least five years
 - an annual statement of the financial position of the fund
 - an annual operating statement
 - copies of all annual returns lodged
 - accounts and statements that accurately record and explain the transactions and financial position of the fund
- appoint an approved SMSF auditor each year, no later than 45 days before the due date for lodgment of the fund's annual return and provide documents to the auditor as requested
- lodge the fund's annual return, completed in its entirety, by the due date
- notify the ATO within 28 days of any changes to the
 - membership of the fund, or trustees or directors of the corporate trustee
 - name of the fund
 - contact person and their contact details
 - postal address, registered address or address for service of notices for the fund
- notify the ATO in writing within 28 days if the fund becomes an Australian Prudential Regulation Authority (APRA) regulated fund.

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.*
- *I do not have access to the government's financial assistance program that is available to trustees of APRA regulated funds in the case of financial loss due to fraudulent conduct or theft.*

Trustee's or director's name

Pauline Puli Cheung SIGN HERE

Trustee's or director's signature

Date
 Day Month Year
 / /

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

Witness' signature

Date
 Day Month Year
 / /

Leonard & Shana Cheung Superannuation Fund

Notice to the Rollover Fund

(To be provided to your Rollover Superannuation Fund Institution or employer where applicable.)

To whom it may concern

The Trustee(s) of the Fund certify/ies that the Fund:

- 1 Is a regulated superannuation fund under the *Superannuation Industry Supervision Act 1993 (SIS Act)*.
- 2 Is not subject to a direction under Section 63 of the SIS Act and is therefore able to accept employer contributions.
- 3 Is empowered by the Fund's trust deed to receive rolled over or transferred benefits and contributions from any source.
- 4 Has received consent to the rollover from the relevant member, as set out below, in accordance with r6.28(1)(b) of the *Superannuation Industry (Supervision) Regulations 1994*.

Date: 28 June 2016

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

Signature of Trustee: _____

Name: Leonard Lung-Hin Cheung



Signature of Trustee: _____

Name: Shana Cheung



Signature of Trustee: _____

Name: Percy Pusheng Cheung



Signature of Trustee: _____

Name: Pauline Puli Cheung



Schedule 2

Fund Details:

| | |
|--------------------------|--|
| Fund name: | Leonard & Shana Cheung Superannuation Fund |
| Fund establishment date: | 28 April 2003 |
| Fund address: | 523 Heidelberg Rd ALPHINGTON VIC 3078 |

Appointment of New Trustee Details:

| | |
|-----------------------------|---|
| Date of Appointing Trustee: | 28 June 2016 |
| Trustees name(s): | Percy Pushena Cheung Pauline Puli Cheung |

Trustee Details:

| | |
|------------------|--|
| Trustee name(s): | Leonard Lung-Hin Cheung Shana Cheung Percy Pushena Cheung Pauline Puli Cheung |
|------------------|--|

Member Details:

| | |
|------------------|--|
| Members name(s): | Leonard Lung-Hin Cheung Shana Cheung Percy Pushena Cheung Pauline Puli Cheung |
|------------------|--|

EXECUTED BY THE PARTIES AS A DEED:

SIGNED SEALED AND DELIVERED by)
the **Trustee** in the presence of:)
)

.....

Leonard Lung-Hin Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Trustee** in the presence of:)
)

.....

Shana Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Trustee** in the presence of:)
)

.....

Percy Pusheng Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Trustee** in the presence of:)
)

.....

Pauline Puli Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.

EXECUTED BY THE PARTIES AS A DEED:

SIGNED SEALED AND DELIVERED by)
the **Member** in the presence of:)
)

.....

Leonard Lung-Hin Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Member** in the presence of:)
)

.....

Shana Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Member** in the presence of:)
)

.....

Percy Pusheng Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Member** in the presence of:)
)

.....

Pauline Puli Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.

Product Disclosure Statement

(Documentation to be kept by you)

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Introduction

This PDS contains a summary of the important provisions of the fund's deed and the effects which those provisions may have on you. The *Corporations Act* requires that you be given this PDS within 3 months after you become a member of the fund.

If you have any questions at any time, you should refer those to the trustee. However, the trustee can only provide you with information . so you will need to seek your own legal, accounting and financial advice.

Terms which are capitalised in this PDS are either defined in the fund's deed or are contained in Schedule 1 of this PDS.

You should consider getting professional advice about the fund

Your decision to become a member of the fund is important and involves issues including retirement planning, estate planning, taxation, and social security. The trustee strongly recommends that you consider consulting an appropriately qualified adviser before you decide to become a member or to have contributions made to the fund on your behalf.

This PDS is prepared for your general information only and is not, and is not intended to be, a recommendation to become a member of the fund. This PDS does not take into account your investment objectives, financial situation or retirement planning needs. You should not base a decision whether to become a member solely on the information in this PDS. You need to consider, and obtain advice on, the suitability of the fund in view of your investment objectives, financial situation and retirement planning needs.

Information about your potential benefits

1. Details of potential lump sum benefits

15.7 On your retirement

On your retirement, you will become entitled to a lump sum benefit, equal to the amount in your Accumulation Account on your retirement. As the definition of retirement in Schedule 1 suggests, there will be some circumstances in which you will become entitled to payment of a retirement benefit while you are still employed or when you retire and have reached the relevant Preservation Age. Your trustee will be able to advise you further in this regard at the relevant time.

15.8 Total and permanent disability

If you become totally and permanently disabled, you may become entitled to a lump sum benefit from your Accumulation Account. Your trustee will be able to advise you further in this regard at the relevant time.

15.9 Temporary total disability

If you become totally disabled temporarily, you may become entitled to payment of a pension or annuity representing the amount:

- decided by the trustee, provided it does not infringe the limit set out in the superannuation law; or

- payable to the trustee under an insurance policy which the trustee may have purchased and which covers the disability you suffer. (Premiums for these insurance policies are generally paid by the trustee from your Accumulation Account but may be paid out of other Accounts of the fund (such as the Income Account)).

15.10 On death

On your death, the trustee may choose to or may be required to pay a pension or lump sum benefit from your Accumulation Account and any pension account to the persons named in your 'Death Benefit: Beneficiary Nomination' (which is on your Application for Membership) or to your dependants. The trustee may have also taken out a life insurance policy for you which may also entitle your dependants, or some other person, to a pension or lump sum benefit. Your 'Death Benefit: Beneficiary Nomination' can be binding or non-binding on the trustee (you can choose). Binding nominations need to be renewed every 3 years.

To overcome the requirement to renew binding nominations every 3 years, you can also choose to implement a 'death benefit agreement' under the fund's deed.

Your death benefits will also include any residue in a pension account previously established for you, unless the arrangements in respect of that pension are that the pension will revert on your death to a Pension Dependant.

Generally speaking, you should seek professional advice concerning what plans need to be made in respect of your death benefits and what options are available to you.

The Deed provides for:

- **death benefit agreements** (which bind the trustee and which do not expire, see clause 9.3);
- **binding death benefit notices** (which binds the trustee but which expire after 3 years or earlier if replaced or revoked); and
- **non-binding nomination forms** (which do not bind the trustee and which do not expire until replaced or revoked).

Death benefit agreements take priority over binding death benefit notices and non-binding nomination forms.

What you need to consider

When you, as a member, are considering signing a death benefit agreement, a binding death benefit notice or a non-binding nomination form it is important to consider that:

- a death benefit agreement takes priority over any binding death benefit notice or any non-binding nomination form;

- to the extent permitted by superannuation law, the trustee must pay or apply the relevant benefit in accordance with the death benefit agreement. Therefore if you sign a binding death benefit notice or a non-binding nomination form, then they will have no effect on any earlier or later death benefit agreement that you sign; and
- if any part of a death benefit agreement is invalid, then the trustee (as required by the fund's deed) will pay or apply the "invalid" part of the death benefit in accordance with any binding death benefit notice, or by reference to any non-binding nomination form, you have signed.

15.11 Other circumstances

'Severe Financial Hardship' . in the case of severe financial hardship, you may be able to apply to have all benefits owing to you, paid to you by the trustee. There are certain conditions to be met and the benefits can only be paid to you to meet expenses in the nature of treatment of life-threatening illnesses, prevention of foreclosure under a mortgage, medical transport costs, palliative care costs and so on.

16. Details of potential income benefits

Income benefits where you retire or reach your preservation age

When you become entitled to payment of a **lump sum benefit**, the trustee may allow you to choose to receive that lump sum in the form of regularly paid income. This is called a pension. The fund can only provide you with an 'account-based pension'.

The rules for an 'account-based pension' include:

- **Minimum annual amount:** a minimum amount of the capital funding the pension must be paid to the pensioner each year. The minimum, which is expressed as a percentage of the capital, is determined by reference to the pensioner's age. You should speak to your adviser about relief from minimum pension payment amounts as the government does provide relief from time to time.
- **No maximum:** there will be no maximum amount that can be paid in a year, reflecting the fact that pensions and lump sums will be taxed in the same way. RBLs do not apply from 1 July 2007.
- **But a maximum for transition to retirement pensions:** pensioners being paid a transition to retirement pension will only be able to be paid a maximum of 10% of the capital per annum.
- **Transfer on death:** on death, the pension may only be transferred to a Pension Dependant or cashed as a lump sum to the pensioner's dependants or estate.

Existing pensions

If this PDS is being provided as a consequence of an update to the fund's existing deed, and the fund is presently paying you a pension, then:

- the pension will be deemed to meet the current rules provided that it was commenced before 20 September 2007 in accordance with the rules that applied at that time;
- if the pension is a complying pension (such as a life pension) then it will only be able to be terminated pursuant to the rules as they were in force before 1 July 2007; and
- if the pension is an allocated pension then it may be transferred to an account-based pension without having to first be commuted.

Social Security Eligibility

Your eligibility for a government age pension is means tested.

The assets test reduces the amount of any aged pension payments to which a member may be eligible by \$1.50 per fortnight for every \$1,000 of the member's assets. This will give you a part pension, which will reduce to zero once your assets reach the amount set out in the current asset tables specified by the Government. The current asset tables are available www.humanservices.gov.au.

Income benefits where you may not have retired but you have reached your preservation age.

In some circumstances, you may be able to be paid a pension before you actually retire but after you have reached your preservation age. In the fund's deed these are referred to as 'transition to retirement pensions'

16.1 Transition to retirement pensions

Once you reach your preservation age you may still be restricted from accessing your superannuation benefits (because, for instance, you may not have retired). However, once you reach your preservation age you may access a non-commutable pension, or what the fund's deed refers to as a transition to retirement pension.

So you may receive an account-based pension as a 'transition to retirement pension', but additional restrictions apply if you want to commute (or cash out) that pension. Essentially the transition to retirement pensions are non-commutable but there are some very limited exceptions. If you are interested in a transition to retirement pension, you should discuss this in detail with the trustee before requesting the payment of such a pension.

17. Taxation of benefits

17.1 Seek advice

This section is general only. You must seek professional advice concerning your own circumstances and how tax will impact on your participation in the fund and on amounts payable to you.

17.2 Benefits paid to you

Superannuation benefits paid to persons **aged less than 60** are taxed as follows:

- **Lump sum benefits** have two components: an exempt component and a taxed component. The exempt component is tax free (it includes amounts such as pre-1983 contributions and undeducted contributions). The taxed component is tax free up to a low rate threshold (initially in 2008-2009 \$145,000, in 2010-2011 \$160,000, in 2011-2012 \$165,000, in 2012-2013 \$175,000, in 2013-2014 \$180,000). After that threshold, it is taxed at 16.5% (incl Medicare levy) - except where the recipient is aged less than 55, in which case the whole taxed component is taxed at 21.5% (incl Medicare levy).
- **Pension benefits** are taxed in a similar manner to lump sums at the moment, though overall tax can be less in some circumstances. Once the recipient turns 60, the pension is tax free.
- **Proportional drawdown:** In both cases, payments are deemed to include both exempt and taxable components, paid in proportion to the amount these components constitute of the recipient's total benefit.

17.3 Death benefits

Benefits paid in the event of your death are taxed as follows:

- **Lump sum benefits** to a member's dependant are tax free, as long as they are also a death benefits dependant as defined in section 302-195 of the ITAA97. Lump sum benefits paid to a dependant (who is not a death benefits dependant for ITAA97 purposes) have the taxable component taxed at 16.5% (incl Medicare levy).
- **Reversionary pensions** are taxed according to the age of the primary and reversionary beneficiaries. If the primary beneficiary was aged 60 or over at the time of death, then the payments to the reversionary will be tax free. If the primary beneficiary was aged less than 60, then the payments will be taxed at the reversionary beneficiary's marginal tax rate until the reversionary turns 60 (then it will be tax-free). However, a reversionary pension will only be payable to a Pension Dependant. Also a pension paid to a Pension Dependant who is a child will have to be cashed to a lump sum when the child turns 25 (unless they're permanently disabled).
- Pensions can only revert to a Pension Dependant: simply being a dependant is not sufficient. Therefore, these benefits must be paid as a lump sum to a dependant or the member's estate.

Information about risks associated with the fund

18. Details of risks: General

The assets of the fund must be invested in accordance with an appropriate investment strategy as devised by the trustee. Although the trustee decides on an investment strategy aimed at increasing the value of the fund's assets, this value can be reduced by movements in the underlying value of the fund's assets, for instances movement in share or property prices. This may mean the value of the assets held in the fund for your benefit, or to pay you a pension, may be reduced. Indeed, if the performance of the fund's assets is very poor, the value of the assets held in the fund for your benefit, or to pay you a pension, may be less than the value of the contributions made to the fund on your behalf. Poor investment performance may also affect the trustee's capacity to make payments to you

or to sustain the level of payments made to you. More information about risks associated with the fund borrowing in order to invest are set out under "Investment of fund assets" at paragraph 24 below.

If you choose to receive a pension then the amounts you receive are calculated by reference to the value of the assets in the fund. Therefore, if the value of the assets decreases, there may be a corresponding decrease in benefit or pension amounts payable to you and you effectively bear the risk associated with potentially poor investment performance of those assets. Broadly speaking, 100% of the amount used to fund the pension will be taken into account for the aged pension means test.

Finally, if a benefit payable to you is commuted so that the trustee may purchase:

- an annuity from a third party (such as a life assurance company), then you will have a regular income stream and the associated risk will be born by the third party; or
- an account-based pension from a third party (such as a life assurance company), then the situation is the same as for an account-based pension from the trustee and you effectively bear the risk associated with the variations in the value of the assets which fund the pension.

19. Regulatory Risk

The fund is a self-managed superannuation fund regulated by the ATO. As a member, you will also have to be a trustee, or a director of the corporate trustee. These persons are responsible for ensuring the fund complies with all relevant superannuation laws, as enforced by the ATO.

Serious consequences flow if the fund is operated in a manner inconsistent with these rules. The consequences include prosecution by the ATO or a determination by the ATO that the fund is non-complying, with the result that the concessional tax treatment of the fund ends.

You must ensure that you are familiar with, and understand these rules. If you are not confident of this, then you should seek professional advice as to whether you will be in a position to comply with these obligations on joining the fund as a member.

Information about amounts paid to the fund for or by you

20. Contributions

If you have an employer, who is an Employer-Sponsor or a Participating Employer of the fund, then they must contribute a certain portion of your income to the fund. In this situation, contributions made personally by you are unlikely to be deductible for taxation purposes although if you are on a smaller wage, you may be entitled to a co-contribution from the Federal Government (that is, the Government will match your payments to set units in certain circumstances which are described generally under "Superannuation co-contributions" below).

If you are unemployed or self-employed, then you may make contributions to the fund yourself. These contributions are deductible for tax purposes, subject to the caps discussed immediately below.

Alternatively you may make contributions, or another person may make contributions on your behalf.

Superannuation co-contributions

You will be eligible to receive a co-contribution from the Federal Government if you satisfy the following criteria:

- you make a personal super contribution by 30 June of a financial year;
- your total income is less than the prescribed amount (\$61,920 for the 2011-2012 financial year. The Government has announced that it will freeze this amount for the 2012 to 2013 financial year . for updates on this announcement see the ATO's Updates www.ato.gov.au/super/;
- 10% of your income is from employment sources, such as an employer or running your own business;
- you are 71 years or younger; and
- you lodge your income tax return.

If you are eligible, the Federal Government will match the value of your personal super contributions up to certain thresholds, which can be found www.ato.gov.au/super/.

Tax on concessional contributions: A tax of 15% applies to superannuation contributions by individuals who receive an annual income up to \$300,000. If an individual's income is \$300,000 or greater, the tax levied on their contributions is 30%. You should seek advice concerning what amounts are included in your income for the purposes of this assessment.

Caps on concessional contributions: This paragraph sets out the cap for the 2012-2013 financial year. You may make, or have made on your behalf, up to \$25,000 in concessional contributions (they used to be referred to as 'deductible contributions') in a year across all of your superannuation accounts. Concessional contributions are taxed at 15%. Members aged 50 years or over in the 5 years from 1 July 2007 (and who are eligible to contribute to super) may make, or have made on their behalf, up to \$50,000 per annum in concessional contributions for the 2009-2010, 2010-2011 and 2011-2012 financial years. These concessional contributions are only available until 30 June 2012, after which date the figure will revert to \$25,000 for all taxpayers. Generally, concessional contributions can only be made by employers or persons who are self-employed.

Caps on non-concessional contributions: This paragraph sets out the cap for the 2012-2013 financial year and the cap may then be indexed from year to year (you will need to check this at the relevant time). You are entitled to make up to \$150,000 in non-concessional contributions (they used to be referred to as 'non-deductible contributions' and are contributions that are made from money on which you have already paid applicable income tax) in a year across all of your superannuation accounts.

In addition, if you are under 65 and eligible to contribute to super, then you may bring forward two years of contributions and contribute \$450,000 of non-concessional contributions in one year, and not make any contributions for the following two years.

Contributions-splitting

Spouses may split superannuation contributions between them. Contributions-splitting allows members to ask the trustee to transfer certain contributions made after 1 January 2006 (**Splittable**

contributions) made in respect of the member to the superannuation fund, or account of that member's spouse.

The contributions splitting applications must be lodged with the fund by 30 June in the financial year.

At present, the split can only take place in respect of splittable contributions made in the previous financial year.

Information about amounts deducted from the fund

21. Debits from your Accumulation and Pension Accounts

The trustee can make deductions from your Accumulation or Pension Accounts to, for example, meet the fund's expenses, to pay taxes (or to set aside for anticipated taxes), to pay for an insurance policy or Annuity premiums or to pay an amount from your Pension Account to your Accumulation Account or vice versa.

22. Other application of income

The trustee also:

- maintains an income account: This is a general account of the fund and does not relate to a specific member. Amounts such as the income and profits of the fund or proceeds of insurance policies (which the trustee decides not to pay to a member or beneficiary) are paid into this account. From this income account the trustee can make payments to your Accumulation Account, but it may also make deductions from the income account to:
 - pay the expenses of the fund;
 - pay taxes due and payable, or likely to become due and payable;
 - pay costs of insurance policies;
 - meet losses suffered on disposal of an asset of the fund and so on.
- may maintain an Equalisation Account: This is also a general account of the fund. The trustee may decide to pay amounts into this account to:
 - smooth the investment earnings of the fund (that is, to even out years of good growth and performance with years of poor growth and performance);
 - provide for tax liabilities;
 - pay fund expenses;
 - otherwise provide for contingencies of the fund.

The trustee is not permitted to charge fees in relation to the services it provides to the fund.

Other significant information about the fund

23. Preservation Age

Set out below are the Preservation Ages relevant to members of the fund:

- for a person born before 1 July 1960 . 55 years
- for a person born during the year 1 July 1960 to 30 June 1961 . 56 years
- for a person born during the year 1 July 1961 to 30 June 1962 . 57 years
- for a person born during the year 1 July 1962 to 30 June 1963 . 58 years
- for a person born during the year 1 July 1963 to 30 June 1964 . 59 years
- for a person born after 30 June 1964 . 60 years.

24. Investment of fund assets

The trustee is permitted to make a wide range of investments provided that they accord with the trustee's investment strategy. The trustee is required to establish and to review regularly an investment strategy or strategies, outlining how the assets of the fund will be invested. The trustee can alter the strategy or strategies provided they remain appropriate. If the trustee offers more than one strategy, you may choose the appropriate strategy but you cannot choose the investments the trustee is to make within the strategy.

As part of the fund's investment strategy the trustee is required to consider whether to take out a contract of insurance for one or more of the members.

The trustee cannot loan money from the fund to a member or a member's relative.

The trustee may borrow money to make any investment . but only in restricted circumstances. In such cases:

- the only fund asset that may be used as security for the borrowing is the asset that the fund is acquiring with the borrowed money;
- the asset acquired must be an asset which the fund could ordinarily and lawfully acquire (for example, the fund is prohibited from acquiring assets which do not satisfy the sole purpose test in section 62 of the SIS Act . this stays the same even though the fund is borrowing to acquire the asset);
- the terms on which the asset is acquired must meet strict requirements set out in superannuation law.

The risks associated with any investment (as described generally under "Details of risks: General" at paragraph 18 above) increase when made using borrowed money. You should always obtain professional advice before making any such investment.

The trustee is required to hold money and other assets of the fund separately from those which it holds personally and not for the fund's members.

When preparing statements of the fund's financial position, the fund's operating statement or any other account or statement required by the SIS Act or the SIS Regulations, the trustee is required to value the fund's assets at their market value. 'Market value' has a specific meaning under section 10 of the SIS Act and means the amount that a willing buyer of the asset could be reasonably expected to pay to acquire the asset from a willing seller if certain assumptions were made.

25. Taxation

25.1 Income of the fund

For tax purposes, the fund's income is divided into 2 components:

- Special Component: which includes the fund's special income (income such as private company distributions, non arms-length income, trust distributions), reduced by tax deductions relating to that special income.
- Standard Component: which is the total of all fund income, less the Special Component.

The Standard Component is taxed at the concessional rate of 15% in the hands of the trustee. The Special Component is taxed at the rate of 45%.

25.2 Contributions

Contributions to the fund (made by your employer, yourself, your spouse, etc) are generally treated as contributions of capital and will not be included in the fund's Income. However, if the person making a contribution is entitled to a tax deduction in relation to that contribution, then the contribution will usually be treated as fund Income and will be taxed as outlined in paragraph 25.1 above.

Information about the deductibility of contributions is in paragraph 20 above.

25.3 Surcharge on High Income Earners

With effect from 1 July 2005 the superannuation contributions surcharge was abolished in respect of all contributions made **on or after 1 July 2005**. However it still applies to contributions made before that date. From 1 July 2012 individuals with income of \$300,000 or more will be subject to a contributions tax of 30% on concessional contributions made to superannuation. You should seek advice concerning what amounts are included in your income for the purposes of this assessment.

25.4 Low Income Spouse Rebate

If a person makes a contribution on behalf of a member who is their low income (or no income) spouse, the person making the contribution may be entitled to a tax rebate.

| Spouse's Assessable Income (AI) | Maximum Rebatable Contributions (MRC) | Maximum Rebate (18% of the lesser of) |
|---------------------------------|---------------------------------------|---------------------------------------|
| \$0 - \$10,800 | \$3,000 | MRC or actual contributions |
| \$10,801 to \$13,799 | \$3,000 . (AI - \$10,800) | MRC or actual contributions |
| \$13,800 | \$0 | \$0 |

For example, if the spouse's assessable income is \$5,000, the maximum amount of contributions which are rebatable is \$3,000. If actual contributions were \$2,700, then the rebate would be $18\% \times \$2,700 = \486 .

The current low-income spouse rebate figures, and other key superannuation rates, can be confirmed at:

www.ato.gov.au/super/; and

www.ato.gov.au/individuals.

26. **The fund deed**

You should read the trust deed carefully and seek professional advice if you do not understand it.

27. **Other considerations concerning investments made by the fund**

The trustee is required to inform you of whether labour standards or environmental, social or ethical considerations are, or will be, taken into account when the trustee selects, retains or realises an investment. At this stage, the trustee does not take any such considerations into account. However, the trustee is obviously free to incorporate this into its investment strategy if it sees fit.

28. **Contacting the trustee for additional information**

If at any time you require further information including information concerning the fund, the fund deed, the fund's performance or your rights as a member, you can contact the trustee using the contact details at the beginning of this PDS.

Product Disclosure Statement – Schedule 1

Definitions

Where a term is capitalised in this PDS, the meaning is either explained below or is explained in the trust deed:

Accumulation Account means the account established for you by the trustee. Each member of the fund has an Accumulation Account, into which are paid that member's contributions or contributions made on behalf of that member, as well as other amounts specific to that member (such as the proceeds of an insurance policy taken out by the trustee for your benefit).

Annuity means what it means under superannuation law. Essentially, it refers to a financial product which is purchased by providing a lump sum (capital) to the financial product supplier who undertakes to pay you an income for a specified time. Unlike a pension, the capital disappears when you purchase the annuity and you receive a contractual right to receive income.

Commute refers to when a right to receive a **regular payment** (like pension or annuity payments) is converted into the right to receive a **lump sum payment**.

Dependant . in relation to a member, former member or beneficiary (the primary person), means each of the following:

- the spouse or widow or widower of that primary person.
- any child of that primary person, including a person who, in the trustee's opinion, is or was actually maintained by the primary person as the child of the primary person.
- any person with whom the primary person has an interdependency relationship.
- any other person who, in the trustee's opinion, was substantially dependent on the primary person at the relevant time.

Pension refers to a financial product which is purchased by providing a lump sum (capital) to the financial product supplier, who invests the lump sum, manages that investment, and pays you a regular income from the proceeds of those investments. As well as paying you the proceeds of the investments, the financial product supplier may include in your payments part of the initial capital you contributed.

Pension Dependant means a dependant of a member to whom a pension may be paid on the member's death, as defined by regulation 6.21(2A) of the SIS Regulations.

Preservation Age means what it means under superannuation law. Essentially it is the minimum age after which your benefit arising from a preserved payment may be paid to you. Those ages are set out in paragraph 23 above.

Preserved Payment means a payment made to the fund which is required to be preserved under superannuation law if the fund is to be a complying superannuation fund.

Retirement occurs:

- if you have reached a Preservation Age less than 60, and
an arrangement under which you were gainfully employed comes to an end; and

the trustee is reasonably satisfied that you never intend to become gainfully employed (either full time or part time); or

- if you have reached age 60 and an arrangement under which you were gainfully employed has come to an end and either of the following circumstances apply;
you have attained that age on or before ending employment; or
- the trustee is reasonably satisfied that you never intend to become gainfully employed (either full time or part time).

Superannuation Contributions Surcharge means an amount which you may be liable to pay if your taxable income is greater than the relevant superannuation surcharge level for a year of income.



Leonard & Shana Cheung Superannuation Fund

Documentation to be signed and returned to ESUPERFUND

Pauline Puli Cheung
Percy Pusheng Cheung

(“The New Trustee”)

and

Leonard Lung-Hin Cheung
Shana Cheung

(“The Existing Trustees”)

DEED OF APPOINTMENT OF TRUSTEE

OF THE

Leonard & Shana Cheung Superannuation Fund



DEED OF APPOINTMENT OF TRUSTEE

THIS DEED OF APPOINTMENT OF TRUSTEE IS MADE
THE 28 June 2016

("Date of Appointment")

BETWEEN

Leonard Lung-Hin Cheung
Shana Cheung

("the Existing Trustee(s)")

AND

Percy Pusheng Cheung
Pauline Puli Cheung

("the New Trustee(s)")

THIS DEED WITNESSES

1. The new Trustee has consented to its appointment as trustee of the Fund as testified by their execution of this Deed.
2. In accordance with the powers conferred on the Existing Trustee by the trust deed, the New Trustee is appointed to be Trustee of the Fund to act as trustee of the Fund upon the terms and powers contained in the trust deed.
3. The appointment shall commence on the date specified in this deed.
4. The New Trustee consents to its appointment as trustee of the Fund as from the Date of Appointment and agrees to administer the Fund in accordance with the terms and powers contained in the trust deed.
5. The new trustee declares that it is not disqualified from acting as trustee under the Superannuation Industry (Supervision) Act 1993 and undertakes to resign its office upon being disqualified from so acting.
6. The Existing Trustee agree to arrange for a transfer of all assets of the Fund in their possession or under their control to the New Trustee and the Existing Trustee as trustees for the Fund with all practicable speed and to do all such further actions, matters and things as shall be required to vest the assets of the Fund in the New Trustee and Existing Trustee.
7. The parties by their execution of this Deed agree that the appointment of the New Trustee shall take effect on the Date of Appointment.



EXECUTED BY THE PARTIES AS A DEED:

SIGNED SEALED AND DELIVERED by the said
Leonard Lung-Hin Cheung as Existing Trustee in
the Presence of:

)
).....
) Leonard Lung-Hin Cheung



.....
(Print name of adult witness)



.....
(Signature of adult witness who is not a party to
this deed)

SIGNED SEALED AND DELIVERED by the said
Shana Cheung as Existing Trustee in the
Presence of:

)
).....
) Shana Cheung



.....
(Print name of adult witness)



.....
(Signature of adult witness who is not a party to
this deed)



EXECUTED BY THE PARTIES AS A DEED:

SIGNED SEALED AND DELIVERED by the said
Percy Pusheng Cheung as New Trustee in the
Presence of:

)
).....
) Percy Pusheng Cheung



.....
(Print name of adult witness)



.....
(Signature of adult witness who is not a party to
this deed)

SIGNED SEALED AND DELIVERED by the said
Pauline Puli Cheung as New Trustee in the
Presence of:

)
).....
) Pauline Puli Cheung



.....
(Print name of adult witness)



.....
(Signature of adult witness who is not a party to
this deed)



Leonard & Shana Cheung Superannuation Fund

Individual Trustee Declarations

I, Percy Pusheng Cheung make the following declarations:

- I have not been convicted of an offence against or arising out of a law of the Commonwealth, a State, a Territory or a foreign country, being an offence in respect of dishonest conduct.
- I have not had a civil penalty order made against me under the *Superannuation Industry (Supervision) Act 1993*.
- I am not an insolvent under administration.
- I have not been disqualified under section 120A of the *Superannuation Industry (Supervision) Act 1993*.

Date: 28 June 2016

Signed: _____
Percy Pusheng Cheung
Trustee



Consent to Appointment as Trustee

I consent to being appointed a trustee of the Leonard & Shana Cheung Superannuation Fund

Date: 28 June 2016

Signed: _____
Percy Pusheng Cheung



Leonard & Shana Cheung Superannuation Fund

Individual Trustee Declarations

I, Pauline Puli Cheung make the following declarations:

- I have not been convicted of an offence against or arising out of a law of the Commonwealth, a State, a Territory or a foreign country, being an offence in respect of dishonest conduct.
- I have not had a civil penalty order made against me under the *Superannuation Industry (Supervision) Act 1993*.
- I am not an insolvent under administration.
- I have not been disqualified under section 120A of the *Superannuation Industry (Supervision) Act 1993*.

Date: 28 June 2016

Signed: _____
Pauline Puli Cheung
Trustee



Consent to Appointment as Trustee

I consent to being appointed a trustee of the Leonard & Shana Cheung Superannuation Fund

Date: 28 June 2016

Signed: _____
Pauline Puli Cheung



Leonard & Shana Cheung Superannuation Fund

RESOLUTION OF TRUSTEE

Leonard Lung-Hin Cheung AND Shana Cheung (Existing Trustees) being the Trustees of the above Fund DO HEREBY RESOLVE as follows:

AUTHORISED
SIGNATORY:

That Percy Pusheng Cheung AND Pauline Puli Cheung (New Trustee(s)) may complete and sign on behalf of the Trustee any documentation of whatever kind required to:-

- 1. make, acquire, change, redeem or dispose of any investment in the Fund;
- 2. open an account with any bank or financial institution and to operate any such account but without limiting the generality of the foregoing to sign, draw and endorse cheques and other negotiable or transferable instruments on any such account and to close the same;
- 3. acquire any policy of assurance or insurance, and to pay premiums, transfer, surrender, change the status of and deal with such policies.

DATED the 28 June 2016

.....
Leonard Lung-Hin Cheung
(Existing Trustee)



.....
Shana Cheung
(Existing Trustee)



Leonard & Shana Cheung Superannuation Fund
MINUTES OF TRUSTEES DATED THE 28 June 2016

Appointment of Trustees:

It was noted that Percy Pusheng Cheung AND Pauline Puli Cheung (New Trustees) have given notice to the Existing Trustees in accordance with the Deed of Trust to be appointed as Trustees of the Leonard & Shana Cheung Superannuation Fund.

It was hereby resolved that Percy Pusheng Cheung AND Pauline Puli Cheung (New Trustee(s)) be appointed as Trustees of the Trust.

Closure:

There being no further business the meeting was then closed.

.....
Leonard Lung-Hin Cheung
(Existing Trustee)



.....
Shana Cheung
(Existing Trustee)



Leonard & Shana Cheung Superannuation Fund

Product Disclosure Statement

| | |
|----------------------|----------------------|
| Member name: | Percy Pusheng Cheung |
| Trustee name: | Percy Pusheng Cheung |

Important information about the operation of your Self Managed Superannuation Fund is contained in the Product Disclosure Statement. A copy of the Product Disclosure Statement is included with this documentation and can be found in the section marked "Documents to be retained by you".



Leonard & Shana Cheung Superannuation Fund

Product Disclosure Statement

| | |
|----------------------|---------------------|
| Member name: | Pauline Puli Cheung |
| Trustee name: | Pauline Puli Cheung |

Important information about the operation of your Self Managed Superannuation Fund is contained in the Product Disclosure Statement. A copy of the Product Disclosure Statement is included with this documentation and can be found in the section marked "Documents to be retained by you".





Self-managed super fund trustee declaration

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

Fund name

| |
|--|
| Leonard & Shana Cheung Superannuation Fund |
| |

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

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

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

- impose administrative penalties on me
- give me a written direction to rectify any contraventions or undertake a course of education
- 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 significant adverse tax consequences for the fund
- prosecute me under the law, which may result in fines or imprisonment.

Sole purpose

I understand it is my responsibility to ensure the fund is only maintained for the purpose of providing benefits to the members upon their retirement (or attainment of a certain age) or their beneficiaries if a member dies. I understand that I should regularly evaluate whether the fund continues to be the appropriate vehicle to meet this purpose.

Trustee duties

I understand that by law I must at all times:

- 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 members only access their super benefits if they have met a legitimate condition of release
- refrain from entering 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)
- refrain from entering 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
- 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.

I also understand that by law I must prepare, implement and regularly review an investment strategy having regard to all the circumstances of the fund, which include, but are 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 (including benefit payments)
- whether the trustees of the fund should hold insurance cover for one or more members of the fund.

Accepting contributions and paying benefits

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

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:

- lending money of the fund to, or providing financial assistance to, a member of the fund or a member's relative (financial assistance means any assistance that improves the financial position of a person directly or indirectly, including the provision of credit)



- acquiring assets (other than business real property, listed securities, certain in-house assets and acquisitions made under mergers allowed by special determinations or acquisitions as a result of a breakdown of a relationship) for the fund from members or other related parties of the fund
- borrowing money (or maintaining an existing borrowing) on behalf of the fund except in certain limited circumstances (while limited recourse borrowing arrangements are permitted, they can be complex and particular conditions must be met to ensure that legal requirements are not breached)
- 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 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 and any earnings from those assets reflects their market value).

Administration

I understand that the trustees of the fund must:


- keep and retain for at least 10 years
 - minutes of all trustee meetings at which matters affecting the fund were considered (this includes investment decisions and decisions to appoint members and trustees)
 - records of all changes of trustees, including directors of the corporate trustee
 - each trustee's consent to be appointed as a trustee of the fund or a director of the corporate trustee
 - all trustee declarations
 - copies of all reports given to members
- ensure that the following are prepared and retained for at least five years
 - an annual statement of the financial position of the fund
 - an annual operating statement
 - copies of all annual returns lodged
 - accounts and statements that accurately record and explain the transactions and financial position of the fund
- appoint an approved SMSF auditor each year, no later than 45 days before the due date for lodgment of the fund's annual return and provide documents to the auditor as requested
- lodge the fund's annual return, completed in its entirety, by the due date
- notify the ATO within 28 days of any changes to the
 - membership of the fund, or trustees or directors of the corporate trustee
 - name of the fund
 - contact person and their contact details
 - postal address, registered address or address for service of notices for the fund
- notify the ATO in writing within 28 days if the fund becomes an Australian Prudential Regulation Authority (APRA) regulated fund.

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.
- I do not have access to the government's financial assistance program that is available to trustees of APRA regulated funds in the case of financial loss due to fraudulent conduct or theft.


Trustee's or director's name

Percy Pusheng Cheung 

Trustee's or director's signature

Date
 Day Month Year
 / /

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



Witness' signature

Date
 Day Month Year
 / /





Self-managed super fund trustee declaration

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

Fund name

| |
|--|
| Leonard & Shana Cheung Superannuation Fund |
|--|

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

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

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

- impose administrative penalties on me
- give me a written direction to rectify any contraventions or undertake a course of education
- 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 significant adverse tax consequences for the fund
- prosecute me under the law, which may result in fines or imprisonment.

Sole purpose

I understand it is my responsibility to ensure the fund is only maintained for the purpose of providing benefits to the members upon their retirement (or attainment of a certain age) or their beneficiaries if a member dies. I understand that I should regularly evaluate whether the fund continues to be the appropriate vehicle to meet this purpose.

Trustee duties

I understand that by law I must at all times:

- 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 members only access their super benefits if they have met a legitimate condition of release
- refrain from entering 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)
- refrain from entering 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
- 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.

I also understand that by law I must prepare, implement and regularly review an investment strategy having regard to all the circumstances of the fund, which include, but are 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 (including benefit payments)
- whether the trustees of the fund should hold insurance cover for one or more members of the fund.

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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:

- lending money of the fund to, or providing financial assistance to, a member of the fund or a member's relative (financial assistance means any assistance that improves the financial position of a person directly or indirectly, including the provision of credit)



- acquiring assets (other than business real property, listed securities, certain in-house assets and acquisitions made under mergers allowed by special determinations or acquisitions as a result of a breakdown of a relationship) for the fund from members or other related parties of the fund
- borrowing money (or maintaining an existing borrowing) on behalf of the fund except in certain limited circumstances (while limited recourse borrowing arrangements are permitted, they can be complex and particular conditions must be met to ensure that legal requirements are not breached)
- 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 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 and any earnings from those assets reflects their market value).

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I understand that the trustees of the fund must:

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 - minutes of all trustee meetings at which matters affecting the fund were considered (this includes investment decisions and decisions to appoint members and trustees)
 - records of all changes of trustees, including directors of the corporate trustee
 - each trustee's consent to be appointed as a trustee of the fund or a director of the corporate trustee
 - all trustee declarations
 - copies of all reports given to members
- ensure that the following are prepared and retained for at least five years
 - an annual statement of the financial position of the fund
 - an annual operating statement
 - copies of all annual returns lodged
 - accounts and statements that accurately record and explain the transactions and financial position of the fund
- appoint an approved SMSF auditor each year, no later than 45 days before the due date for lodgment of the fund's annual return and provide documents to the auditor as requested
- lodge the fund's annual return, completed in its entirety, by the due date
- notify the ATO within 28 days of any changes to the
 - membership of the fund, or trustees or directors of the corporate trustee
 - name of the fund
 - contact person and their contact details
 - postal address, registered address or address for service of notices for the fund
- notify the ATO in writing within 28 days if the fund becomes an Australian Prudential Regulation Authority (APRA) regulated fund.

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.*
- *I do not have access to the government's financial assistance program that is available to trustees of APRA regulated funds in the case of financial loss due to fraudulent conduct or theft.*

Trustee's or director's name

Pauline Puli Cheung **SIGN HERE**

Trustee's or director's signature

Date
 Day Month Year
 / /

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

SIGN HERE

Witness' signature

Date
 Day Month Year
 / /



Leonard & Shana Cheung Superannuation Fund

Notice to the Rollover Fund

(To be provided to your Rollover Superannuation Fund Institution or employer where applicable.)

To whom it may concern

The Trustee(s) of the Fund certify/ies that the Fund:

- 1 Is a regulated superannuation fund under the *Superannuation Industry Supervision Act 1993 (SIS Act)*.
- 2 Is not subject to a direction under Section 63 of the SIS Act and is therefore able to accept employer contributions.
- 3 Is empowered by the Fund's trust deed to receive rolled over or transferred benefits and contributions from any source.
- 4 Has received consent to the rollover from the relevant member, as set out below, in accordance with r6.28(1)(b) of the *Superannuation Industry (Supervision) Regulations 1994*.

Date: 28 June 2016

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

Signature of Trustee: _____

Name: Leonard Lung-Hin Cheung



Signature of Trustee: _____

Name: Shana Cheung



Signature of Trustee: _____

Name: Percy Pusheng Cheung



Signature of Trustee: _____

Name: Pauline Puli Cheung



Schedule 2

Fund Details:

| | |
|--------------------------|--|
| Fund name: | Leonard & Shana Cheung Superannuation Fund |
| Fund establishment date: | 28 April 2003 |
| Fund address: | 523 Heidelberg Rd ALPHINGTON VIC 3078 |

Appointment of New Trustee Details:

| | |
|-----------------------------|---|
| Date of Appointing Trustee: | 28 June 2016 |
| Trustees name(s): | Percy Pushena Cheung Pauline Puli Cheung |

Trustee Details:

| | |
|------------------|--|
| Trustee name(s): | Leonard Lung-Hin Cheung Shana Cheung Percy Pushena Cheung Pauline Puli Cheung |
|------------------|--|

Member Details:

| | |
|------------------|--|
| Members name(s): | Leonard Lung-Hin Cheung Shana Cheung Percy Pushena Cheung Pauline Puli Cheung |
|------------------|--|



EXECUTED BY THE PARTIES AS A DEED:

SIGNED SEALED AND DELIVERED by)
the **Trustee** in the presence of:)
)

.....

Leonard Lung-Hin Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Trustee** in the presence of:)
)

.....

Shana Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Trustee** in the presence of:)
)

.....

Percy Pusheng Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Trustee** in the presence of:)
)

.....

Pauline Puli Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.



EXECUTED BY THE PARTIES AS A DEED:

SIGNED SEALED AND DELIVERED by)
the **Member** in the presence of:)
)

.....

Leonard Lung-Hin Cheung



.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Member** in the presence of:)
)

.....

Shana Cheung



.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Member** in the presence of:)
)

.....

Percy Pusheng Cheung



.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Member** in the presence of:)
)

.....

Pauline Puli Cheung



.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee or Member can be a witness to the Trust Deed.





Leonard & Shana Cheung Superannuation Fund

Documentation to be signed and returned to ESUPERFUND

Accelerator Cash Account Application Form

Accelerator Cash Account is a product of the Commonwealth Bank of Australia ABN 48 123 123 123 124 AFSL 234945 (the Bank) and administered by Australian Investment Exchange Limited (Ausix) ABN 71 076 515 930 AFSL 241400. Ausix is a wholly owned but non-guaranteed subsidiary of the Bank.



Please refer to the 'Application Guide' at the end of this form for guidance on completing this application form.

Where to send the completed application form?
Once you have completed your application form, please sign and return by email or fax to the details listed at the top of this page.

ADVISER USE ONLY

Account Number (if generated over the phone)

BSB: 067167 A/C:

This account number is not active until you receive confirmation that the account has been opened.

What type of account are you applying for?

- Individual Joint SMSF/Trust – Individual/Joint as trustee SMSF/Trust – Company as trustee Company
 Other



Where to from here?

All applicants – Please start by providing adviser details in Section 1.

Section 1 – Primary Adviser Details

Adviser Details (adviser to complete)

Adviser Code or Current Username

HEAE

Adviser Name

BILL NICHOLAS

Company Name

ESUPERFUND PTY LTD

Contact Number

()

Contact Email

INFO@ESUPERFUND.COM.AU



Where to from here?

All applicants – Please provide your personal details in Section 2.

Section 2 – Personal Details

Applicant 1/Director 1/Trustee 1

In what capacity are you completing this section?

- Individual Director/Secretary Trustee

Mr Ms Mrs Miss Dr Other Mr

Given Name/s

Leonard Lung-Hin

Surname

Cheung

Other name/s commonly known by (if applicable)

Date of Birth

24/07/1955

Gender

- Male Female

Address Details

Residential Address (cannot be a PO Box)

523 Heidelberg Rd

ALPHINGTON

State VIC Postcode 3078

Country (if not Australia)

Postal Address Same as Residential Address

523 Heidelberg Rd

ALPHINGTON

State VIC Postcode 3078

Country (if not Australia)

Countries of Residence (mandatory)

In which country(s) do you reside in or are a resident of? You **must** tick at least one box.

- Australia
 Country(s) other than Australia. Please list country(s)

PLEASE COMPLETE

Countries of Tax Residence (mandatory)

Which country(s) are you required / liable to pay tax or submit a tax return? You **must** tick at least one box.

- Australia
 Country(s) other than Australia
Please list the country(s) and the Tax Identification Number or Exemption Code (refer to Explanatory Note 2)

Country Tax Identification No.

Country Tax Identification No.

PLEASE COMPLETE



Section 2 – Personal Details (continued)

Countries of Citizenship (mandatory)

In which country(s) do you hold citizenship? You **must** tick at least one box.

- Australia
- Country(s) other than Australia. Please list country(s)

PLEASE COMPLETE

Contact Details

Email Address (must be applicant's email address)

You **must** complete at least one contact number (and tick your preferred contact number)

- Mobile
- Home
- Work
- Fax

Tax File Number or Exemption Code (optional)
(refer Explanatory Note 1)

Job Category and Type (mandatory)

(see the *Job and Industry Classifications List* available from the website for a list of acceptable Job Categories and Types)

Job Category
Job Type

PLEASE COMPLETE

Are you a sole trader?

- Yes No

If yes, complete the next 2 questions.

Sole Trader Business Name

Sole Trader ABN (optional) (refer Explanatory Note 1)
 - - - -

NetBank Access

Is NetBank Access required?

- Yes (you must provide an email address **and** mobile number in the contact details section)
- No

PLEASE COMPLETE



If you are an existing NetBank customer your new account/s will be added to your NetBank login. If you do not currently have access to NetBank we will automatically create login details for you. If no selection is made, NetBank access will automatically be applied.

Identification

Select one of the options below:

- If you are an existing Commonwealth Bank customer, please provide the following (**preferred**):

Existing Product Name

BSB (if applicable) Account Number

- I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Overseas Applicants Only

Reason for seeking account in Australia

PLEASE COMPLETE

Office use only

CIF ID

Applicant 2/Director 2/Trustee 2

In what capacity are you completing this section:

- Joint applicant Director/Secretary Trustee

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Other name/s commonly known by (if applicable)

Date of Birth Gender Male Female

Address Details

- Same as Applicant 1

Or, complete the following

Residential Address (cannot be a PO Box)

 State VIC Postcode 3078
Country (if not Australia)

Postal Address Same as Residential Address

 State VIC Postcode 3078
Country (if not Australia)



Section 2 – Personal Details (continued)

Countries of Residence (mandatory)

In which country(s) do you reside in or are a resident of? You **must** tick at least one box.

- Australia
- Country(s) other than Australia. Please list country(s).

PLEASE COMPLETE

Countries of Tax Residence (mandatory)

Which country(s) are you required / liable to pay tax or submit a tax return? You **must** tick at least one box.

- Australia
- Country(s) other than Australia
Please list the country(s) and the Tax Identification Number or Exemption Code (refer to Explanatory Note 2)
Country Tax Identification No.
Country Tax Identification No.

PLEASE COMPLETE

Countries of Citizenship (mandatory)

In which country(s) do you hold citizenship? You **must** tick at least one box.

- Australia
- Country(s) other than Australia. Please list country(s).

PLEASE COMPLETE

Contact Details

Email Address (must be applicant's email address)

PLEASE COMPLETE

You **must** complete at least one contact number (and tick your preferred contact number)

- Mobile
- Home
- Work
- Fax

Tax File Number or Exemption Code (optional)
(refer Explanatory Note 1)

Job Category and Type (mandatory)

(see the *Job and Industry Classifications List* available from the website for a list of acceptable Job Categories and Types)

Job Category

Job Type

PLEASE COMPLETE

Are you a sole trader?

- Yes No

If yes, complete the next 2 questions.

Sole Trader Business Number

Sole Trader ABN (optional) (refer Explanatory Note 1)

- - -

NetBank Access

Is NetBank Access required?

- Yes (you must provide an email address **and** mobile number in the contact details section)
- No

PLEASE COMPLETE



If you are an existing NetBank customer your new account(s) will be added to your NetBank login. If you do not currently have access to NetBank we will automatically create login details for you. If no selection is made, NetBank access will automatically be applied.

Identification

Select one of the options below:

- If you are an existing Commonwealth Bank customer, please provide the following (**preferred**)
Existing Product Name
BSB (if applicable) Account Number
- I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

PLEASE COMPLETE

Overseas Applicants Only

Reason for seeking account in Australia

Office use only

CIF ID



Further applicants required?

Please photocopy and complete this section to add additional applicants if required.



Where to from here?

Company/Company Trust/SMSF Applicants –

Please provide your Company/Company Trust details in Section 3.

Individual Trust/Joint Trust/SMSF Applicants –

Please provide your Trust details in Section 4.

Otherwise – Please complete the product details in Section 5.



Section 2 – Personal Details (continued)

Countries of Citizenship (mandatory)

In which country(s) do you hold citizenship? You **must** tick at least one box.

- Australia
- Country(s) other than Australia. Please list country(s)

Contact Details

Email Address (must be applicant's email address)

You **must** complete at least one contact number (and tick your preferred contact number)

- Mobile
- Home ()
- Work ()
- Fax ()

Tax File Number or Exemption Code (optional)
(refer Explanatory Note 1)

- -

Job Category and Type (mandatory)
(see the *Job and Industry Classifications List* available from the website for a list of acceptable Job Categories and Types)

Job Category

Job Type

Are you a sole trader?

- Yes No

If yes, complete the next 2 questions.

Sole Trader Business Name

Sole Trader ABN (optional) (refer Explanatory Note 1)

- - -

NetBank Access

Is NetBank Access required?

- Yes (you must provide an email address **and** mobile number in the contact details section)
- No



If you are an existing NetBank customer your new account/s will be added to your NetBank login. If you do not currently have access to NetBank we will automatically create login details for you. If no selection is made, NetBank access will automatically be applied.

Identification

Select one of the options below:

- If you are an existing Commonwealth Bank customer, please provide the following (**preferred**):

Existing Product Name

BSB (if applicable) Account Number

- I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Overseas Applicants Only

Reason for seeking account in Australia

Office use only

CIF/ID

Applicant 3/Director 3/Trustee 3

In what capacity are you completing this section:

- Joint applicant Director/Secretary Trustee
- Mr Ms Mrs Miss Dr Other Mr

Given Name/s
 Percy Pusheng

Surname
 Cheung

Other name/s commonly known by (if applicable)

Date of Birth 03/03/1995 Gender Male Female

Address Details

- Same as Applicant 1

Or, complete the following

Residential Address (cannot be a PO Box)
 523 Heidelberg Rd
 ALPHINGTON
State VIC Postcode 3078
 Country (if not Australia)

Postal Address Same as Residential Address
 523 Heidelberg Rd
 ALPHINGTON
State VIC Postcode 3078
 Country (if not Australia)



Section 2 – Personal Details (continued)

Countries of Residence (mandatory)

In which country(s) do you reside in or are a resident of? You **must** tick at least one box.

- Australia
- Country(s) other than Australia. Please list country(s).

PLEASE COMPLETE

Countries of Tax Residence (mandatory)

Which country(s) are you required / liable to pay tax or submit a tax return? You **must** tick at least one box.

- Australia
- Country(s) other than Australia
Please list the country(s) and the Tax Identification Number or Exemption Code (refer to Explanatory Note 2)
Country Tax Identification No.
Country Tax Identification No.

PLEASE COMPLETE

Countries of Citizenship (mandatory)

In which country(s) do you hold citizenship? You **must** tick at least one box.

- Australia
- Country(s) other than Australia. Please list country(s).

PLEASE COMPLETE

Contact Details

Email Address (must be applicant's email address)

PLEASE COMPLETE

You **must** complete at least one contact number (and tick your preferred contact number)

- Mobile
- Home
- Work
- Fax

Tax File Number or Exemption Code (optional)
(refer Explanatory Note 1)

Job Category and Type (mandatory)

(see the *Job and Industry Classifications List* available from the website for a list of acceptable Job Categories and Types)

Job Category
Job Type

PLEASE COMPLETE

Are you a sole trader?

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If yes, complete the next 2 questions.

Sole Trader Business Number

Sole Trader ABN (optional) (refer Explanatory Note 1)

- - -

NetBank Access

Is NetBank Access required?

- Yes (you must provide an email address **and** mobile number in the contact details section)
- No

PLEASE COMPLETE



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Identification

Select one of the options below:

- If you are an existing Commonwealth Bank customer, please provide the following (**preferred**)
Existing Product Name
BSB (if applicable) Account Number
- I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

PLEASE COMPLETE

Overseas Applicants Only

Reason for seeking account in Australia

Office use only

CIF ID



Further applicants required?

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Where to from here?

Company/Company Trust/SMSF Applicants –

Please provide your Company/Company Trustee details in Section 3.

Individual Trust/Joint Trust/SMSF Applicants –

Please provide your Trust details in Section 4.

Otherwise – Please complete the product details in Section 5.



Section 2 – Personal Details (continued)

Countries of Citizenship (mandatory)

In which country(s) do you hold citizenship? You **must** tick at least one box.

- Australia
- Country(s) other than Australia. Please list country(s)

Contact Details

Email Address (must be applicant's email address)

You **must** complete at least one contact number (and tick your preferred contact number)

- Mobile
- Home ()
- Work ()
- Fax ()

Tax File Number or Exemption Code (optional)
(refer Explanatory Note 1)

- -

Job Category and Type (mandatory)
(see the *Job and Industry Classifications List* available from the website for a list of acceptable Job Categories and Types)

Job Category

Job Type

Are you a sole trader?

- Yes No

If yes, complete the next 2 questions.

Sole Trader Business Name

Sole Trader ABN (optional) (refer Explanatory Note 1)

- - -

NetBank Access

Is NetBank Access required?

- Yes (you must provide an email address **and** mobile number in the contact details section)
- No



If you are an existing NetBank customer your new account/s will be added to your NetBank login. If you do not currently have access to NetBank we will automatically create login details for you. If no selection is made, NetBank access will automatically be applied.

Identification

Select one of the options below:

- If you are an existing Commonwealth Bank customer, please provide the following (**preferred**):

Existing Product Name

BSB (if applicable) Account Number

- I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Overseas Applicants Only

Reason for seeking account in Australia

Office use only

CIF/ID

Applicant 4/Director 4/Trustee 4

In what capacity are you completing this section:

- Joint applicant Director/Secretary Trustee

Mr Ms Mrs Miss Dr Other Miss

Given Name/s
 Pauline Puli

Surname
 Cheung

Other name/s commonly known by (if applicable)

Date of Birth 29/09/1997 Gender Male Female

Address Details

- Same as Applicant 1

Or, complete the following

Residential Address (cannot be a PO Box)
 523 Heidelberg Rd
 ALPHINGTON
State VIC Postcode 3078
 Country (if not Australia)

Postal Address Same as Residential Address
 523 Heidelberg Rd
 ALPHINGTON
State VIC Postcode 3078
 Country (if not Australia)



Section 2 – Personal Details (continued)

Countries of Residence (mandatory)

In which country(s) do you reside in or are a resident of? You **must** tick at least one box.

- Australia
- Country(s) other than Australia. Please list country(s).

PLEASE COMPLETE

Countries of Tax Residence (mandatory)

Which country(s) are you required / liable to pay tax or submit a tax return? You **must** tick at least one box.

- Australia
 - Country(s) other than Australia
Please list the country(s) and the Tax Identification Number or Exemption Code (refer to Explanatory Note 2)
- | | |
|----------------------|------------------------|
| Country | Tax Identification No. |
| <input type="text"/> | <input type="text"/> |
| Country | Tax Identification No. |
| <input type="text"/> | <input type="text"/> |

PLEASE COMPLETE

Countries of Citizenship (mandatory)

In which country(s) do you hold citizenship? You **must** tick at least one box.

- Australia
- Country(s) other than Australia. Please list country(s).

PLEASE COMPLETE

Contact Details

Email Address (must be applicant's email address)

PLEASE COMPLETE

You **must** complete at least one contact number (and tick your preferred contact number)

- | | | |
|--------|---|-------------------------------------|
| Mobile | <input type="text" value="0403616291"/> | <input checked="" type="checkbox"/> |
| Home | <input type="text" value="()"/> | <input type="checkbox"/> |
| Work | <input type="text" value="()"/> | <input type="checkbox"/> |
| Fax | <input type="text" value="()"/> | <input type="checkbox"/> |

Tax File Number or Exemption Code (optional)
(refer Explanatory Note 1)

Job Category and Type (mandatory)

(see the *Job and Industry Classifications List* available from the website for a list of acceptable Job Categories and Types)

Job Category

Job Type

PLEASE COMPLETE

Are you a sole trader?

- Yes No

If yes, complete the next 2 questions.

Sole Trader Business Number

Sole Trader ABN (optional) (refer Explanatory Note 1)

- - -

NetBank Access

Is NetBank Access required?

- Yes (you must provide an email address **and** mobile number in the contact details section)
- No

PLEASE COMPLETE



If you are an existing NetBank customer your new account(s) will be added to your NetBank login. If you do not currently have access to NetBank we will automatically create login details for you. If no selection is made, NetBank access will automatically be applied.

Identification

Select one of the options below:

- If you are an existing Commonwealth Bank customer, please provide the following (**preferred**)

Existing Product Name

BSB (if applicable) Account Number

- I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

PLEASE COMPLETE

Overseas Applicants Only

Reason for seeking account in Australia

Office use only

CIF ID



Further applicants required?

Please photocopy and complete this section to add additional applicants if required.



Where to from here?

Company/Company Trust/SMSF Applicants –

Please provide your Company/Company Trust details in Section 3.

Individual Trust/Joint Trust/SMSF Applicants –

Please provide your Trust details in Section 4.

Otherwise – Please complete the product details in Section 5.



Section 3 – Company Details

Company Name

Australian Company Number (ACN)

Registered Business Name

What type of Company is applying? (mandatory)

Public Proprietary/Private

Was the Company established in Australia? (mandatory)

Yes No

Is the Company operating as a charity? (mandatory)

Yes No

If yes, what is the purpose of the charity?

ABN and TFN Details

Australian Business Number (ABN) (optional)
(refer Explanatory Note 1)

Company Tax File Number (TFN) or Exemption Code
(optional) (refer Explanatory Note 1)

Company Industry Category and Type (mandatory)

(see *Job and Industry Classifications List* available from the website for a list of acceptable Industry Categories and Types e.g. personal investment companies are Category 'Personal and Other Services and Type 'Individuals'.)

Company Industry Category

Company Industry Type

Is the company's primary business activity investing?

Tick "Yes" if the Company earns more than 50% of its total income from investment activities (e.g. rent, interest or dividends); or more than 50% of the Company's assets produce or are held for producing investment income.

Yes No

If Yes, complete the next question.



If you are a Company Trustee of a SMSF, you are not required to complete the following question.

Please go to Address Details.

Are any Company Applicant(s), Director(s) or Shareholder(s) tax resident(s), citizen(s) or a resident(s) of country(s) other than Australia?

Yes No

If Yes: please complete and return the supplementary 'Entity Classification (W-8BAR-E) Form' with the completed Account Application Form.

Address Details

Same as Applicant 1 **Or**, complete the following:
Registered Business Address (cannot be a PO Box)

State Postcode

Country (if not Australia)

Postal Address Same as Registered Business Address

State Postcode

Country (if not Australia)

Principal Place of Business (cannot be a PO Box)

Same as Registered Business Address

State Postcode

Country (if not Australia)

Contact Details

Same as Applicant 1 **Or**, complete the following:

Email Address

Phone

Additional Director Details

Please list the full names of all Additional Directors of the domestic proprietary or foreign company that are not listed as an Applicant in Section 2. If there are more than 2 Additional Directors, please photocopy this section, complete and attach to your Application.

Additional Director 1

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Additional Director 2

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Beneficial Owner Details – (mandatory for Proprietary/Private Companies)

A. Are there any individuals who own 25% or more of the shares in the Company, either directly or indirectly?

Yes Please provide details of all such individuals in the sections below

No Please answer Question B

B. Are there any individuals who control 25% or more of the shares in the entity, either directly or indirectly, for example through voting rights?

Yes Please provide details of all such individuals in the sections below

No In that case, please provide details below of any individuals who are responsible for the strategic or financial decisions of the Company (that is, the individual who exercises primary control over the company because of the position they hold, e.g. the CEO, Managing Director or equivalent)

Please note the details of at least one individual must be provided in the section on the next page.



Section 3 – Company Details (continued)

Individual 1

Same as Applicant 1

Or, complete the following:

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Date of Birth

Gender

Male Female

Email Address (optional)

Residential Address (cannot be a PO Box)

State

Postcode

Country (if not Australia)

Identification

I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Individual 2

Same as Applicant 2

Or, complete the following:

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Date of Birth

Gender

Male Female

Email Address (optional)

Residential Address (cannot be a PO Box)

State

Postcode

Country (if not Australia)

Identification

I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Individual 3

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Date of Birth

Gender

Male Female

Email Address (optional)

Residential Address (cannot be a PO Box)

State

Postcode

Country (if not Australia)

Identification

I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

If the Company was not established in Australia, please complete the next five questions.

Country of formation/incorporation/registration

What is the company's business activity?

What is the purpose of seeking a bank account in Australia?

Is this foreign company registered with ASIC?

Yes Please provide Australian Registered Body Number (ARBN)

No Please provide the unique identification number issued to the company on its registration/incorporation with the foreign registration body and attach a copy of original certificate of registration issued by the foreign registration body

Please supply your Tax Identification Number (TIN) or Exemption Code (refer to Explanatory Note 2)

Office use only

CIF ID



Where to from here?

Company Trust/SMSF Applicants – Please provide your trust details in Section 4.

Otherwise – Please complete the product details in Section 5.

Section 4 – Trust Details

Trust Type

- SMSF
 Charity
 Informal
 Family
 Minor
- Other, please specify below

SELF MANAGED SUPERFUND

Full Trust Name (as per Trust Deed)

Leonard & Shana Cheung Superannuation Fund

Account Designation (e.g. Brown Family Account)
(refer Explanatory Note 3)

Leonard & Shana Cheung Superannuation Fund

Was the Trust established in Australia? (mandatory)

- Yes
 No

Is the Trust operating as a charity? (mandatory)

- Yes
 No

If yes, what is the purpose of the charity?

ABN and TFN Details

Australian Business Number (ABN)
(refer Explanatory Note 1)

66 470 811 266

Trust Tax File Number (TFN) or Exemption Code (optional)
(refer Explanatory Note 1)

795 443 478

Trust Industry Category and Type (mandatory)
(see the *Job and Industry Classifications List* available on the website for a list of acceptable Industry Categories and Types e.g. SMSF Trusts are category 'Finance and Insurance' and Type 'Superannuation Funds')

Trust Industry Category

Finance and Insurance

Trust Industry Type

Superannuation Fund

Settlor of Trust (mandatory except if Trust type is SMSF or Testamentary Trust)

Was the trust established with a 'settled sum' of \$10,000 or more?

- Yes
 No

If Yes, name of Settlor:

Is the Trust's primary business activity investing?

Tick "Yes" if the Trust earns more than 50% of its total income from investment activities (e.g. rent, interest or dividends); or more than 50% of the Trust's assets produce or are held for producing investment income.

- Yes
 No

If Yes, complete the next question.



If you are a SMSF or Charity, you are not required to complete the following question. Please go to Address Details.

Are any Trust Applicant(s), Beneficiary(s) or Trustee(s) tax resident(s), citizen(s) or a resident(s) of country(s) other than Australia?

- Yes
 No

(If Yes: please complete and return the supplementary 'Entity Classification (W-8BAR-E) Form' with the completed Account Application Form).

Address Details

- Same as Applicant 1
 Same as Company

Or, complete the following:

Registered Address of the Trust (cannot be a PO Box)

 _____ State _____ Postcode

 Country (if not Australia) _____

Postal Address Same as Registered Address of the Trust

 _____ State _____ Postcode

 Country (if not Australia) _____

Contact Details

- Same as Applicant 1
 Same as Company

Or, complete the following:

Email Address (optional)

Phone

Identification

- If the trust is an SMSF, a search will be performed by CBA on the relevant regulator's website; **OR**
- For other trust types, I will attach a certified copy of extract of the Trust Deed. Please refer to the Application Guide for the information the Trust Deed extract must contain.

Additional Trustee Details

Please list the full names of all Additional Trustees that are not listed as an Applicant in Section 2. If there are more than 2 Additional Trustees, please photocopy this section, complete and attach to your application.

Additional Trustee 1

- Mr
 Ms
 Mrs
 Miss
 Dr
 Other _____

Given Name/s

Surname

Date of Birth

DD / MM / YYYY

Gender

- Male
 Female

Email Address (optional)

Residential Address (cannot be a PO Box)

 _____ State _____ Postcode

 Country (if not Australia) _____

Identification

- I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Section 4 – Trust Details (continued)

Additional Trustee 2

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Date of Birth

Gender

Male Female

Email Address (optional)

Residential Address (cannot be a PO Box)

State

Postcode

Country (if not Australia)

Identification

I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Beneficiary Details

Please provide the type of membership class (e.g. unit holder, family member) or the full name of each beneficiary. If there are more than 2 membership classes/beneficiaries please photocopy this section, complete and attach to your application.

Membership classes

OR

Beneficiary 1

Same as Applicant 1 **Or, complete the following:**

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Beneficiary 2

Same as Applicant 2 **Or, complete the following:**

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

If the Trust was not established in Australia, please complete the following three questions

What country was the Trust established in?

What is the objective of the Trust?

What is the purpose of seeking an account in Australia?

Office use only

CIF ID



Where to from here?

All applicants – Please complete the details in Section 5.



Section 4 – Trust Details (continued)

Additional Trustee 2

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Date of Birth

Gender

Male Female

Email Address (optional)

Residential Address (cannot be a PO Box)

State

Postcode

Country (if not Australia)

Identification

I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Beneficiary Details

Please provide the type of membership class (e.g. unit holder, family member) or the full name of each beneficiary. If there are more than 2 membership classes/beneficiaries please photocopy this section, complete and attach to your application.

Membership classes

OR

Beneficiary 3

Same as Applicant 1 **Or, complete the following:**

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Beneficiary 4

Same as Applicant 2 **Or, complete the following:**

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

If the Trust was not established in Australia, please complete the following three questions

What country was the Trust established in?

What is the objective of the Trust?

What is the purpose of seeking an account in Australia?

Office use only

CIF ID



Where to from here?

All applicants – Please complete the details in Section 5.



Section 5 – Accelerator Cash Account Details

Initial deposit to be made by:

- Please transfer funds from my existing Commonwealth Bank Account:

Account Name (*must be in the same name as the application*)

BSB

Account Number

Amount

\$

Amount in words

- I have attached a cheque to the completed application
 I will transfer funds once I receive the BSB and account number

Is a deposit book required?

- No Yes



The initial applicant listed on this application will be the primary mail recipient for cheque books and/or deposit book requested.

Is a cheque book required?

- No Yes

Is ATM/EFTPOS access required?

- No
 Yes, issue a new Keycard
 Yes, link to existing Commonwealth Bank card/s

Existing Card Numbers

Statements and Notices:

You can elect to receive your statements and notices online. Things you need to know if you elect online statements and notices:

- You will not receive paper statements or notices but will instead receive them online via NetBank (we may however choose to send you a particular notice by paper). You can print a copy if you wish.
- We'll send you an email when statements/notices are available in NetBank.
- You need to advise us if you change your email address.
- You can choose to start receiving paper statements via NetBank or by calling us on 132 221.

- Online (NetBank access required)
 Paper (additional fees may be incurred).

Statement Delivery Address (for paper statements)

- Same as Applicant 1

Or, complete the following

Name

Address Details

State

Postcode

Country (if not Australia)



Where to from here?

All applicants – Please continue to the declaration in Section 6 to complete the application.

Section 6 – Declaration, Authorities and Acknowledgements

The funds in this account are held in trust.

- Yes No

Where the funds in this account are held in trust, the trust deed/instrument authorises the opening and operation of the account in the manner set out in this authority.

If you are not opening this account wholly or predominantly for personal or domestic use, please tick the box

- I/We have been given a copy of the Accelerator Cash Account and Term Deposit General Information Statement, Terms and Conditions and Standard Fees and Charges documents and accept the terms and conditions for this account.
- I/We also acknowledge and consent to the collection, use and exchange of my/our personal information as set out in the Customer Information and Privacy section of the Terms and Conditions and to the payment of the fees referred to above.
- I/We declare that my/our information (including identification details) as shown on this form are true, complete and correct, and that I/we will advise the Bank if these details change. I/we understand that it is an offence to provide false or misleading information.
- I/We have received and reviewed a copy of the Electronic Banking Terms and Conditions (available at www.commbank.com.au) and accept those terms and conditions.
- I/We acknowledge that my/our first use of NetBank will signify my/our acceptance of, and agreement to be bound by, the Bank's Electronic Banking Terms and Conditions.
- I/we acknowledge and consent to view only access to my account by any person nominated by my/our adviser or his/her Licensed Dealer Group (including its employees, agents and contractors).
- I/We acknowledge that the information provided by me/us in this application including my/our Citizenship, Residency and Tax Residency status, or to my/our adviser, to enable the Bank to comply with the United States Foreign Account Tax Compliance Act and any related laws designed to implement those laws in Australia (FATCA), is complete and correct. I/we will promptly notify the Bank and provide any changes to the information provided by me/us in connection with FATCA.
- I/We acknowledge that the Bank may require further information from me/us from time to time in order to meet its obligations under AML/CTF Laws, FATCA or its internal policies and procedures, and I/we agree to provide the Bank with whatever additional information is reasonably required in order for the Bank to meet its obligations under AML/CTF Laws, FATCA and or its internal policies and procedures.
- (For Company and Trust applicants only) I/We certify that the entity's activities and classification that I have provided are complete and correct and that I will advise the Bank immediately if such information is to change.
- I/we have obtained the consent of any individual(s) whose personal information is provided in this application. They have authorised the collection, use or exchange of their information in accordance with Group Privacy Policy.

PLEASE COMPLETE



Section 6 – Declaration, Authorities and Acknowledgements (continued)

11. Referral Fee

- i. I/We understand that an ongoing referral fee based on the daily balance of my/our ACA will be paid to my/our agent who referred me/us.
- ii. I/We consent to the payment of the ongoing referral fee.

Signature requirements for operation of joint/company (including trusts) accounts only:

- One** signature required
- More than one** signature required

PLEASE COMPLETE



No card/s will be issued where 'More than one signature required' option is ticked. If no selection is made the account will be established as more than one to sign.

Applicant 1/ Director 1/ Trustee 1

Full Name

Leonard Lung-Hin Cheung

Signature

X

Date

DD / MM / YYYY

SIGN & DATE

Applicant 2/ Director 2/ Trustee 2

Full Name

Shana Cheung

Signature

X

Date

DD / MM / YYYY

SIGN & DATE

If there are more than 2 applicants, please photocopy this section, complete and attach to your Application.

Adviser Declaration

- 1. I have provided the applicant/s with the Accelerator Cash Account and Term Deposit General Information Statement, Terms and Conditions and Standard Fees and Charges documents.
- 2. I/We declare that the FATCA information provided is reasonable considering the documentation provided.

Adviser Name

BILL NICHOLAS

Signature of Adviser

X *Bill Nicholas*

Date

29 June 2016



Where to from here?

You are now complete:

Please return your completed Application Form along with any accompanying documents to us by email at advisercashteam@cba.com.au or fax at 1800 422 083.



Section 6 – Declaration, Authorities and Acknowledgements (continued)


11. Referral Fee

- i. I/We understand that an ongoing referral fee based on the daily balance of my/our ACA will be paid to my/our agent who referred me/us.
- ii. I/We consent to the payment of the ongoing referral fee.

Signature requirements for operation of joint/company (including trusts) accounts only:

- One** signature required
- More than one** signature required



 No card/s will be issued where 'More than one signature required' option is ticked. If no selection is made the account will be established as more than one to sign.

Applicant 3/ Director 3/ Trustee 3

Full Name

Percy Pusheng Cheung

Signature

X

Date

DD / MM / YYYY



Applicant 4/ Director 4/ Trustee 4

Full Name

Pauline Puli Cheung

Signature

X

Date

DD / MM / YYYY



If there are more than 2 applicants, please photocopy this section, complete and attach to your Application.

Adviser Declaration

- 1. I have provided the applicant/s with the Accelerator Cash Account and Term Deposit General Information Statement, Terms and Conditions and Standard Fees and Charges documents.
- 2. I/We declare that the FATCA information provided is reasonable considering the documentation provided.

Adviser Name

BILL NICHOLAS

Signature of Adviser

X *Bill Nicholas*

Date

29 June 2016



Where to from here?

You are now complete:

Please return your completed Application Form along with any accompanying documents to us by email at advisercashteam@cba.com.au or fax at 1800 422 083.



Application Guide

Accelerator Cash Account is a product of the Commonwealth Bank of Australia ABN 48 123 123 124 AFSL 234945 (the Bank) and administered by Australian Investment Exchange Limited (AUSIEX) ABN 71 076 515 930 AFSL 241400. AUSIEX is a wholly owned but non-guaranteed subsidiary of the Bank.



This application guide provides additional information that may assist you and/or your adviser in filing out the application form. Once you have completed your application form, please return it along with any accompanying documents to us by email at advisercashteam@cba.com.au or fax at 1800 422 083.

If any Company or Trust Applicant(s), Beneficiary(s), Trustee(s), Director(s) or Shareholder(s) are tax resident(s), citizen(s) or a resident(s) of any country(s)

other than Australia, they must complete and return an 'Entity Classification (W-8BAR-E) Form' available from the website with this Application Form.

The application comprises of six sections. Please refer to the matrix below what sections are applicable to your application.

NOTE:

If your residential address is overseas, or you are a foreign company or trust please phone the Adviser Cash Team on 1800 252 351 prior to proceeding.

| Account Type | Mandatory Sections: | Identification Requirements |
|--------------------------------------|---------------------|---|
| Individual/Joint | 1, 2, 5 & 6 | 1 - Each applicant must provide individual requirements as outlined in section 2. |
| Company | 1, 2, 3, 5 & 6 | 1 - Each signatory must provide individual requirements as outlined in section 2; and 2 - Each Beneficial Owner must provide individual requirements as outlined in section 3; and 3 - A search will be performed by CBA on the relevant ASIC Database. (Alternatively you can provide a certified copy of the certificate of registration) |
| Trust (Individual /Joint as Trustee) | 1, 2, 4, 5 & 6 | 1 - Each signatory must provide individual requirements as outlined in section 2; and 2 - Each additional Trustee must provide individual requirements as outlined in Section 4; and 3 - If the trust is an SMSF, a search will be performed by CBA on the relevant regulator's website; OR 4 - For other trust types, a certified copy of extract of the Trust Deed. The extract should include the page which shows the trust name, name/s of the Trustee/s, signature/s of Trustee/s with witnesses' signatures, date of execution, name/s of Beneficiary/s, name/s of Settlor, and settled sum amount. |
| Trust (Company as Trustee) | 1, 2, 3, 4, 5 & 6 | 1 - Each signatory must provide individual requirements as outlined in section 2; and 2 - Each Beneficial Owner of the Company Trustee must provide individual requirements as outlined in section 3; and 3 - A search will be performed by CBA on the relevant ASIC Database. (Alternatively you can provide a certified copy of the certificate of registration); and 4 - If the trust is an SMSF, a search will be performed by CBA on the relevant regulator's website; OR 5 - For other trust types, a certified copy of extract of the Trust Deed. The extract should include the page which shows the trust name, name/s of the Trustee/s, signature/s of Trustee/s with witnesses' signatures, date of execution, name/s of Beneficiary/s, name/s of Settlor, and settled sum amount. |



Explanatory Notes

1. AUSTRALIAN BUSINESS NUMBER (ABN) AND/OR TAX FILE NUMBER (TFN)

Providing your ABN and/or TFN is not compulsory, but if you do not, tax may be taken out of your interest at the highest marginal tax rate plus Medicare levy.

TFN and Trusts

Formal trust – That is established as a legal entity under a formal trust deed and has a TFN. Please quote the TFN of the formal trust.

Informal trust – Whereby no formal arrangements in place e.g. minor, and there is no requirement for you to furnish a Trust income tax return to the Australian Taxation Office. Please provide the Tax File Number(s) of the Trustee(s).

2. TAX IDENTIFICATION NUMBER (TIN)

A Tax Identification Number is a primary identification number used for tax purposes worldwide. The reference to the 'Tax Identification Number' may differ depending on country.

For example:

| Country | Number Reference |
|----------------|----------------------------------|
| Australia | Tax File Number |
| United Kingdom | National Insurance Number |
| New Zealand | Inland Revenue Department Number |
| Singapore | Identity Number |

Please phone the Adviser Cash Team on **1800 252 351** or further clarification.

3. ACCOUNT DESIGNATION

Account Designation is used when you wish to trade under the name of a Superannuation Fund, Family Trust, Minor or Deceased Estate.

Examples include: Brown S/F A/C, Brown Family A/C, Louise Brown (minor).



Accelerator Cash Account Certified Copies of ID Form

The Accelerator Cash Account and Term Deposit products administered by CommSec Adviser Services are provided by the Commonwealth Bank of Australia ABN 48 123 123 124 AFSL No. 234945.



Note:

Complete this form if you did not identify yourself as an existing CBA customer in section 1 of the Accelerator Cash Account and Term Deposit Application Form, or your adviser has not identified you by completing an FSC/FPA form. Prescribed person (listed in Explanatory Note 1) to complete this section.

Purpose of this section

We are required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to verify the identity of all individuals listed in Section 1 of the Commonwealth Bank Accelerator Cash Account and Term Deposit Application Form prior to opening your account. This form is a method of verifying your identity.

Note: It is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 for the applicant or prescribed person to make a false or misleading statement.

Instructions for completion

- Please photocopy this section if multiple individuals need to complete the section.
- You must arrange for a prescribed person to complete this section.
- This prescribed person must be listed in Part 1 below.
- You will need to show the prescribed person the original identification documents, in conjunction with the copies to be certified.
- You must be in the prescribed person's presence when you sign this section.
- Return the completed section together with your application form and certified copies to us.
- If your identification cannot be verified using this section you are requested to visit a branch of the Commonwealth Bank of Australia to undertake the identification process as per the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

Part 1 – How to complete this section

Important information for Prescribed Person

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Part 2 – Does the applicant reside in Australia?

PLEASE SELECT

- Yes (proceed to Part 3)
- No (complete below statement then proceed to Part 3)

As the applicant is living overseas, what is the purpose of operating an account with the Commonwealth Bank of Australia or related company?

Part 3 – Prescribed person statement

CERTIFIER TO COMPLETE

Prescribed person's full name

Prescribed person's business day time contact phone number

Prescribed person's occupation (Must be found in Explanatory Note 1)

Prescribed person's business name

Prescribed person's business address

| | |
|----------------------|----------|
| <input type="text"/> | |
| State | Postcode |

Identification Declaration

I declare I have examined the original document(s) and certified as true and correct either:

- 1x Primary Photographic Identification or
- 2x Primary Non Photographic Identification or
- 1x Primary Non Photographic and 1 Secondary Identification

CERTIFIER TO COMPLETE

(Note: See Explanatory Note 2 for a list of accepted identification documents)

Belonging to (Applicant's full name)

CERTIFIER TO COMPLETE

Applicant's date of birth

 DD / MM / YYYY


Who is also commonly known by the name(s) of

CERTIFIER TO COMPLETE

Common other names, if relevant, e.g. maiden name, anglicised name etc.

and who resides at

State

Postcode

Country (if not Australia)

I declare that the person being identified signed this document in my presence on

DD / MM / YYYY

Signature of person being identified

X

TRUSTEE TO SIGN

Signature of prescribed person

X

CERTIFIER TO SIGN

I have attached certified copies of the acceptable identification document(s) (see Explanatory Note 2).

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- A notice that was issued by the Commonwealth, State or Territory which:
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Part 3 – Prescribed person statement

CERTIFIER TO COMPLETE

Prescribed person's full name

Prescribed person's business day time contact phone number

 ()

Prescribed person's occupation (Must be found in Explanatory Note 1)

Prescribed person's business name

Prescribed person's business address

 State Postcode

Identification Declaration

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Common other names, if relevant, e.g. maiden name, anglicised name etc.

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TRUSTEE TO SIGN

Signature of prescribed person

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Prescribed person's business name

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Postcode

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Superannuation Trust Deed for a Self-Managed Fund

Leonard & Shana Cheung Superannuation Fund

The Trustee named in the Schedule
and

The Members named in the Schedule



Schedule 2

Fund Details:

| | |
|--------------------------|--|
| Fund name: | Leonard & Shana Cheung Superannuation Fund |
| Fund establishment date: | 28 April 2003 |
| Fund address: | 523 Heidelberg Rd ALPHINGTON VIC 3078 |

Appointment of New Trustee Details:

| | |
|-----------------------------|---|
| Date of Appointing Trustee: | 28 June 2016 |
| Trustees name(s): | Percy Pushena Cheung Pauline Puli Cheung |

Trustee Details:

| | |
|------------------|--|
| Trustee name(s): | Leonard Lung-Hin Cheung Shana Cheung Percy Pushena Cheung Pauline Puli Cheung |
|------------------|--|

Member Details:

| | |
|------------------|--|
| Members name(s): | Leonard Lung-Hin Cheung Shana Cheung Percy Pushena Cheung Pauline Puli Cheung |
|------------------|--|



EXECUTED BY THE PARTIES AS A DEED:

SIGNED SEALED AND DELIVERED by)
the **Trustee** in the presence of:)
)

.....

Leonard Lung-Hin Cheung



.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Trustee** in the presence of:)
)

.....

Shana Cheung



.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Trustee** in the presence of:)
)

.....

Percy Pusheng Cheung



.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Trustee** in the presence of:)
)

.....

Pauline Puli Cheung



.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee or Member can be a witness to the Trust Deed.



EXECUTED BY THE PARTIES AS A DEED:

SIGNED SEALED AND DELIVERED by)
the **Member** in the presence of:)
)

.....

Leonard Lung-Hin Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

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SIGNED SEALED AND DELIVERED by)
the **Member** in the presence of:)
)

.....

Shana Cheung

**SIGN
HERE**

**WITNESS
MUST
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.....
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.....
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**SIGN
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Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.



APPLICATION FORM INSTRUCTIONS**PURPOSE OF THIS FORM**

This form can be used by all applicants to apply for the following product(s):

- CommSec Share Trading Trust Account applicants only

BEFORE YOU BEGIN

1. You should read the applicable Terms and Conditions that accompany this application.
2. Please use **BLOCK CAPITALS**.
3. **ALL** pages marked compulsory must be completed.
4. **DO NOT** detach any pages from this form.

Note 1: Investment clubs, trading partnerships and guardians on behalf of minors (aged under 18 years) please call CommSec on 13 15 19 before starting this application.



INDIVIDUAL TRUSTEE 1 PERSONAL DETAILS

COMPULSORY

IMPORTANT INFORMATION

READ BEFORE PROCEEDING

- The first trustee or company director of a trust to complete this section.
- All trustees of a trust must provide their personal details and sign the declaration in Section 8.

PERSONAL DETAILS

A

TITLE GIVEN NAME(S)

SURNAME

OTHER NAMES KNOWN BY

DATE OF BIRTH GENDER

PLEASE COMPLETE SELECT YOUR LEVEL OF TRADING EXPERIENCE:

New to share trading

Some experience

Frequent Trader (> 3 trades a month)

ARE YOU A SOLE TRADER?

If yes please provide your

BUSINESS NAME (If any)

ABN FOR SOLE TRADER

RESIDENTIAL ADDRESS (Cannot be a PO Box)

STATE POSTCODE

COUNTRY

POSTAL ADDRESS (if same as residential address write 'As above')

STATE POSTCODE

COUNTRY

E-MAIL ADDRESS *

***Note:** If you would like online access to your account and/or would like to place trades online and/or would like to receive statements online, you **MUST** provide your email address.

PERSONAL DETAILS (CONTINUED)

A

PLEASE TICK TO INDICATE YOUR PREFERRED CONTACT NUMBER

WORK

0411863739

HOME

FAX

JOB CATEGORY**

JOB TYPE**

**** Note:** You **MUST** complete these sections using an approved Job category and type. For the list of categories and types, see Appendix 1.

If you reside outside of Australia please complete the following question.

WHAT IS THE PURPOSE FOR OPENING THE ACCOUNT/FACILITY IN AUSTRALIA?

From time to time we provide our clients with information about products and services which might be of interest to you. If you do not wish to receive this information, please check the tick boxes below (as applicable)

Select to not receive Marketing Communications from CommSec

(If selected you will not receive marketing communications from CommSec, which may include our special promotional offers, Initial Public Offerings (IPOs) and market information and insights).

PLEASE REVIEW DETAILS

PLEASE COMPLETE

LOGIN DETAILS FOR ONLINE ACCESS

B

You **MUST** provide a Temporary Login Password for online access (unless you have an existing Client ID - this number begins with a 5).

Temporary Login Password (8 to 16 alphanumeric characters):

Please make a note of the Temporary Login Password you have nominated.

PLEASE COMPLETE



IDENTIFICATION

IDENTIFICATION

A

Please tick and complete **ONE** of the following options below:

I have an existing CommSec Client ID or Share Trading account

CLIENT ID/ACCOUNT NO.

CLIENT ID/ACCOUNT NAME

OR

I have a Commonwealth Bank account. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing bank account.

BANK STATE BRANCH (BSB) ACCOUNT NUMBER

ACCOUNT NAME

OR

I have a Commonwealth Bank Credit Card Account No. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing credit card account.

ACCOUNT NAME

OR

I do not have a CommSec Share Trading account, Commonwealth Bank Account or Commonwealth Bank Credit Card. I will attach a clear, legible original certified photocopy(s) of the document(s) selected from one of the following options:

Please note: the document(s) must be current (not expired) and consistent with each other. E.g. Exact same name, date of birth, address (where applicable) on all documents.

EITHER:

Passport Australian Drivers Licence

OR

(BIRTH CERTIFICATE PLUS **ONE** OTHER OPTION):

Birth Certificate **plus**

Citizen Certificate Centrelink Pension Card

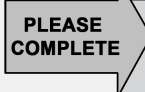
Recent Utilities Bill Government Notice

Taxation Notice Council Rates Notice

Overseas drivers licence

Security Guard/Crowd Safety Officer ID

Medicare Card



IDENTIFICATION (CONTINUED)

A

OR

(MEDICARE CARD PLUS ONE OTHER OPTION):

Medicare Card **plus**

Birth Certificate Centrelink Pension Card

Recent Utilities Bill Government Notice

Taxation Notice Council Rates Notice

Overseas drivers licence

Security Guard/Crowd Safety Officer ID

Note 1: Applicants who **DO NOT** have an existing Commonwealth Bank account, Commonwealth Bank Credit Card or CommSec Client ID or Trading account must provide an original certified photocopy of an acceptable identification document(s) selected above. For information on certifying documents please see How to Certify Documents on page 17.

Note 2: We may contact applicants for additional identification documents or to attend a branch to progress application.



INDIVIDUAL TRUSTEE 2 PERSONAL DETAILS

IMPORTANT INFORMATION READ BEFORE PROCEEDING

- An additional trustee or company director of a trust to complete this section.

PERSONAL DETAILS A

TITLE Mrs GIVEN NAME(S) Shana

SURNAME Cheung

OTHER NAMES KNOWN BY

DATE OF BIRTH 20/10/1957 GENDER M F

PLEASE COMPLETE

SELECT YOUR LEVEL OF TRADING EXPERIENCE:
 New to share trading
 Some experience
 Frequent Trader (> 3 trades a month)

ARE YOU A SOLE TRADER?
 Y N If yes please provide your

BUSINESS NAME (If any)

ABN FOR SOLE TRADER

RESIDENTIAL ADDRESS (Cannot be a PO Box)
 523 Heidelberg Rd
 ALPHINGTON
 STATE VIC POSTCODE 3078
 COUNTRY

POSTAL ADDRESS (if same as residential address write 'As above')
 523 Heidelberg Rd
 ALPHINGTON
 STATE VIC POSTCODE 3078
 COUNTRY

PLEASE COMPLETE

E-MAIL ADDRESS *

*Note: If you would like online access to your account and/or would like to place trades online and/or would like to receive statements online, you **MUST** provide your email address.

PERSONAL DETAILS (CONTINUED) A

PLEASE TICK TO INDICATE YOUR PREFERRED CONTACT NUMBER

() WORK
 () 0421693739
 () HOME
 () FAX

PLEASE REVIEW DETAILS

JOB CATEGORY**

JOB TYPE**

PLEASE COMPLETE

** Note: You **MUST** complete these sections using an approved Job category and type. For the list of categories and types, see Appendix 1.

If you reside outside of Australia please complete the following question.

WHAT IS THE PURPOSE FOR OPENING THE ACCOUNT/FACILITY IN AUSTRALIA?

From time to time we provide our clients with information about products and services which might be of interest to you. If you do not wish to receive this information, please check the tick boxes below (as applicable)

Select to not receive Marketing Communications from CommSec

(If selected you will not receive marketing communications from CommSec, which may include our special promotional offers, Initial Public Offerings (IPOs) and market information and insights).

LOGIN DETAILS FOR ONLINE ACCESS B

You **MUST** provide a Temporary Login Password for online access (unless you have an existing Client ID - this number begins with a 5).

Temporary Login Password (8 to 16 alphanumeric characters):

PLEASE COMPLETE

Please make a note of the Temporary Login Password you have nominated.



IDENTIFICATION

OPTIONAL

IDENTIFICATION

A

Please tick and complete **ONE** of the following options below:

I have an existing CommSec Client ID or Share Trading account

CLIENT ID/ACCOUNT NO.

CLIENT ID/ACCOUNT NAME

OR

I have a Commonwealth Bank account. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing bank account.

BANK STATE BRANCH (BSB) ACCOUNT NUMBER

ACCOUNT NAME

OR

I have a Commonwealth Bank Credit Card Account No. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing credit card account.

ACCOUNT NAME

OR

I do not have a CommSec Share Trading account, Commonwealth Bank Account or Commonwealth Bank Credit Card. I will attach a clear, legible original certified photocopy(s) of the document(s) selected from one of the following options:

Please note: the document(s) must be current (not expired) and consistent with each other. E.g. Exact same name, date of birth, address (where applicable) on all documents.

EITHER:

Passport Australian Drivers Licence

OR

(BIRTH CERTIFICATE PLUS **ONE** OTHER OPTION):

Birth Certificate **plus**

Citizen Certificate Centrelink Pension Card

Recent Utilities Bill Government Notice

Taxation Notice Council Rates Notice

Overseas drivers licence

Security Guard/Crowd Safety Officer ID

Medicare Card

IDENTIFICATION (CONTINUED)

A

OR

(MEDICARE CARD PLUS ONE OTHER OPTION):

Medicare Card **plus**

Birth Certificate Centrelink Pension Card

Recent Utilities Bill Government Notice

Taxation Notice Council Rates Notice

Overseas drivers licence

Security Guard/Crowd Safety Officer ID

Note 1: Applicants who **DO NOT** have an existing Commonwealth Bank account, Commonwealth Bank Credit Card or CommSec Client ID or Trading account must provide an original certified photocopy of an acceptable identification document(s) selected above. For information on certifying documents please see How to Certify Documents on page 17.

Note 2: We may contact applicants for additional identification documents or to attend a branch to progress application.

PLEASE COMPLETE



INDIVIDUAL TRUSTEE 3 PERSONAL DETAILS

IMPORTANT INFORMATION

READ BEFORE PROCEEDING

- All additional trustees of a trust to complete this section.
- If there are more than three signatories please photocopy this section and attach it to your application. All applicants must also sign the declaration in Section 8.

PERSONAL DETAILS A

TITLE GIVEN NAME(S)

SURNAME

OTHER NAMES KNOWN BY

DATE OF BIRTH GENDER

PLEASE COMPLETE SELECT YOUR LEVEL OF TRADING EXPERIENCE:

New to share trading

Some experience

Frequent Trader (> 3 trades a month)

ARE YOU A SOLE TRADER?

If yes please provide your

BUSINESS NAME (If any)

ABN FOR SOLE TRADER

RESIDENTIAL ADDRESS (Cannot be a PO Box)

STATE POSTCODE

COUNTRY

POSTAL ADDRESS (if same as residential address write 'As above')

STATE POSTCODE

COUNTRY

PLEASE COMPLETE E-MAIL ADDRESS *

***Note:** If you would like online access to your account and/or would like to place trades online and/or would like to receive statements online, you **MUST** provide your email address.

PERSONAL DETAILS (CONTINUED) A

PLEASE TICK TO INDICATE YOUR PREFERRED CONTACT NUMBER

WORK

0423262399

HOME

FAX

JOB CATEGORY**

JOB TYPE**

PLEASE COMPLETE

**** Note:** You **MUST** complete these sections using an approved Job category and type. For the list of categories and types, see Appendix 1.

If you reside outside of Australia please complete the following question.

WHAT IS THE PURPOSE FOR OPENING THE ACCOUNT/FACILITY IN AUSTRALIA?

From time to time we provide our clients with information about products and services which might be of interest to you. If you do not wish to receive this information, please check the tick boxes below (as applicable)

Select to not receive Marketing Communications from CommSec

(If selected you will not receive marketing communications from CommSec, which may include our special promotional offers, Initial Public Offerings (IPOs) and market information and insights).

LOGIN DETAILS FOR ONLINE ACCESS B

You **MUST** provide a Temporary Login Password for online access (unless you have an existing Client ID - this number begins with a 5).

Temporary Login Password (8 to 16 alphanumeric characters):

PLEASE COMPLETE

Please make a note of the Temporary Login Password you have nominated.



IDENTIFICATION

IDENTIFICATION

A

Please tick and complete **ONE** of the following options below:

I have an existing CommSec Client ID or Share Trading account

CLIENT ID/ACCOUNT NO.

CLIENT ID/ACCOUNT NAME

OR

I have a Commonwealth Bank account. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing bank account.

BANK STATE BRANCH (BSB) ACCOUNT NUMBER

ACCOUNT NAME

OR

I have a Commonwealth Bank Credit Card Account No. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing credit card account.

ACCOUNT NAME

OR

I do not have a CommSec Share Trading account, Commonwealth Bank Account or Commonwealth Bank Credit Card. I will attach a clear, legible original certified photocopy(s) of the document(s) selected from one of the following options:

Please note: the document(s) must be current (not expired) and consistent with each other. E.g. Exact same name, date of birth, address (where applicable) on all documents.

EITHER:

Passport Australian Drivers Licence

OR

(BIRTH CERTIFICATE PLUS **ONE** OTHER OPTION):

Birth Certificate **plus**

Citizen Certificate Centrelink Pension Card

Recent Utilities Bill Government Notice

Taxation Notice Council Rates Notice

Overseas drivers licence

Security Guard/Crowd Safety Officer ID

Medicare Card

IDENTIFICATION (CONTINUED)

A

OR

(MEDICARE CARD PLUS ONE OTHER OPTION):

Medicare Card **plus**

Birth Certificate Centrelink Pension Card

Recent Utilities Bill Government Notice

Taxation Notice Council Rates Notice

Overseas drivers licence

Security Guard/Crowd Safety Officer ID

Note 1: Applicants who **DO NOT** have an existing Commonwealth Bank account, Commonwealth Bank Credit Card or CommSec Client ID or Trading account must provide an original certified photocopy of an acceptable identification document(s) selected above. For information on certifying documents please see How to Certify Documents on page 17.

Note 2: We may contact applicants for additional identification documents or to attend a branch to progress application.

PLEASE COMPLETE



COMPANY DETAILS

OPTIONAL

IMPORTANT INFORMATION

READ BEFORE PROCEEDING

- Only company as trustee applicants to complete this section

COMPANY DETAILS **A**

COMPANY NAME

REGISTERED BUSINESS ADDRESS (cannot be a PO Box)

STATE

POSTCODE

COUNTRY

PRINCIPAL PLACE OF BUSINESS ADDRESS

(cannot be a PO Box)

(if same as registered business address write 'As above')

STATE

POSTCODE

COUNTRY

POSTAL ADDRESS

STATE

POSTCODE

COUNTRY

PLEASE TICK TO INDICATE YOUR PREFERRED CONTACT NUMBER

() WORK

() MOBILE

E-MAIL ADDRESS

ABN ACN (tick as appropriate)

INDUSTRY CATEGORY

INDUSTRY TYPE

HAS THE COMPANY EVER BEEN DECLARED INSOLVENT?

YES NO

IS THE COMPANY OPERATING AS A CHARITY?

YES NO

IF 'YES' WHAT IS THE PURPOSE OF THE CHARITY?

COMPANY TYPE

PUBLIC PROPRIETARY/PRIVATE

WAS THE COMPANY ESTABLISHED IN AUSTRALIA?

YES NO

COMPANY DETAILS (CONTINUED) **A**

If no, please complete the next four questions
COUNTRY OF FORMATION/INCORPORATION
REGISTRATION

NAME OF FOREIGN REGISTRATION AUTHORITY

WHAT IS THE PURPOSE FOR OPENING THE ACCOUNT/
FACILITY IN AUSTRALIA?

IS THIS FOREIGN COMPANY REGISTERED WITH ASIC?

YES NO

If Yes, Please provide Australian Registered Body Number (ARBN)

ADDITIONAL COMPANY DIRECTORS **B**

If 'Domestic Proprietary' company type selected, please list the full names of **ALL** additional directors of the company that are not listed as an applicant/s. If there are more than 3 additional directors, please photocopy this page and fill out details for each additional director. Then attach the additional forms to your application.

ADDITIONAL DIRECTOR

TITLE OTHER (SPECIFY)

SURNAME

GIVEN NAME(S)

ADDITIONAL DIRECTOR

TITLE OTHER (SPECIFY)

SURNAME

GIVEN NAME(S)

ADDITIONAL DIRECTOR

TITLE OTHER (SPECIFY)

SURNAME

GIVEN NAME(S)



COMPANY DETAILS (CONTINUED)

OPTIONAL

BENEFICIAL OWNERSHIP DETAILS

C

Only company applicants who **DO NOT** have an existing CommSec Share Trading account, Commonwealth Bank account or Commonwealth Bank Business Card to complete this section.

If 'Domestic Proprietary' company type selected in Section 7A.

A. Are there any individuals who own 25% or more of the shares in the company, either directly or indirectly?

You must make a selection below.

- YES Please provide details of all such individuals in the sections below
- NO Please answer question B

B. Are there any individuals who control 25% or more of the shares in the entity, either directly or indirectly, for example through voting rights?

- YES Please provide details of all such individuals in the sections below
- NO In that case, please provide details below of any individuals who are responsible for the strategic or financial decisions of the company (that is, the individual who exercises primary control over the company because of the position they hold, e.g. the CEO, Managing Director or equivalent)

Please note the details of at least one individual must be provided in the section below.

BENEFICIAL OWNER

1

SAME AS APPLICANT 1

OR, COMPLETE THE FOLLOWING:

TITLE GIVEN NAME(S)

SURNAME

OTHER NAMES KNOWN BY

DATE OF BIRTH GENDER

EMAIL (OPTIONAL)

BENEFICIAL OWNER'S ADDRESS (cannot be a PO Box)

STATE POSTCODE

COUNTRY (IF NOT AUSTRALIA)

NOTE: Beneficial owners do not have authority to the account unless they are also listed in the applicant section of this form.

IDENTIFICATION

C

Please tick and complete **ONE** of the following options below.

I have an existing CommSec Client ID or Share Trading account

CLIENT ID/ACCOUNT NO.

CLIENT ID/ACCOUNT NAME

OR

I have a Commonwealth Bank account. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing bank account.

BANK STATE BRANCH / ACCOUNT NUMBER (BSB)

ACCOUNT NAME

OR

I have a Commonwealth Bank Credit Card Account No. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing credit card account.

ACCOUNT NAME

OR

I do not have a CommSec Share Trading account, Commonwealth Bank Account or Commonwealth Bank Credit Card. I will attach a clear, legible original certified photocopy(s) of the document(s) selected from one of the following options:

Please note: the document(s) must be current (not expired) and consistent with each other. E.g. Exact same name, date of birth, address (where applicable) on all documents.

EITHER:

- Passport
- Australian Drivers Licence

OR

(BIRTH CERTIFICATE PLUS **ONE** OTHER OPTION):

- Birth Certificate plus
- Citizen Certificate
- Recent Utilities Bill
- Taxation Notice
- Overseas drivers licence
- Security Guard/Crowd Safety Officer ID
- Medicare Card
- Centrelink Pension Card
- Government Notice
- Council Rates Notice



COMPANY DETAILS

OPTIONAL

IDENTIFICATION (CONTINUED)

C

OR

(MEDICARE CARD PLUS ONE OTHER OPTION):

- Medicare Card plus
- Birth Certificate Centrelink Pension Card
- Recent Utilities Bill Government Notice
- Taxation Notice Council Rates Notice
- Overseas drivers licence
- Security Guard/Crowd Safety Officer ID

Note 1: Applicants who **DO NOT** have an existing Commonwealth Bank account, Commonwealth Bank Credit Card or CommSec Client ID or Trading account must provide an original certified photocopy of an acceptable identification document(s) selected above. For information on certifying documents please see How to Certify Documents on page 17.

Note 2: We may contact applicants for additional identification documents or to attend a branch to progress application.

BENEFICIAL OWNERSHIP DETAILS (CONTINUED)

C

BENEFICIAL OWNER

2

SAME AS APPLICANT 2

OR, COMPLETE THE FOLLOWING:

TITLE GIVEN NAME(S)

SURNAME

OTHER NAMES KNOWN BY

DATE OF BIRTH GENDER

DD / MM / YYYY M F

EMAIL (OPTIONAL)

BENEFICIAL OWNER'S ADDRESS (cannot be a PO Box)

STATE POSTCODE

COUNTRY (IF NOT AUSTRALIA)

NOTE: Beneficial owners do not have authority to the account unless they are also listed in the applicant section of this form.

IDENTIFICATION

C

Please tick and complete **ONE** of the following options below:

I have an existing CommSec Client ID or Share Trading account

CLIENT ID/ACCOUNT NO.

CLIENT ID/ACCOUNT NAME

IDENTIFICATION (CONTINUED)

C

OR

I have a Commonwealth Bank account. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing bank account.

BANK STATE BRANCH ACCOUNT NUMBER (BSB)

ACCOUNT NAME

OR

I have a Commonwealth Bank Credit Card Account No. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing credit card account.

ACCOUNT NAME

OR

I do not have a CommSec Share Trading account, Commonwealth Bank Account or Commonwealth Bank Credit Card. I will attach a clear, legible original certified photocopy(s) of the document(s) selected from one of the following options:

Please note: the document(s) must be current (not expired) and consistent with each other. E.g. Exact same name, date of birth, address (where applicable) on all documents.

EITHER:

- Passport Australian Drivers Licence

OR

(BIRTH CERTIFICATE PLUS **ONE** OTHER OPTION):

- Birth Certificate plus
- Citizen Certificate Centrelink Pension Card
- Recent Utilities Bill Government Notice
- Taxation Notice Council Rates Notice
- Overseas drivers licence
- Security Guard/Crowd Safety Officer ID
- Medicare Card

OR

(MEDICARE CARD PLUS ONE OTHER OPTION):

- Medicare Card plus
- Birth Certificate Centrelink Pension Card
- Recent Utilities Bill Government Notice
- Taxation Notice Council Rates Notice
- Overseas drivers licence
- Security Guard/Crowd Safety Officer ID



COMPANY DETAILS

IDENTIFICATION (CONTINUED) c

Note 1: Applicants who **DO NOT** have an existing Commonwealth Bank account, Commonwealth Bank Credit Card or CommSec Client ID or Trading account must provide an original certified photocopy of an acceptable identification document(s) selected above. For information on certifying documents please see How to Certify Documents on page 19.

Note 2: We may contact applicants for additional identification documents or to attend a branch to progress application.

BENEFICIAL OWNERSHIP DETAILS c

BENEFICIAL OWNER 3

SAME AS APPLICANT 3

OR, COMPLETE THE FOLLOWING:

TITLE GIVEN NAME(S)

SURNAME

OTHER NAMES KNOWN BY

DATE OF BIRTH GENDER

DD / MM / YYYY

EMAIL (OPTIONAL)

BENEFICIAL OWNER'S ADDRESS (cannot be a PO Box)

STATE POSTCODE

COUNTRY (IF NOT AUSTRALIA)

NOTE: Beneficial owners do not have authority to the account unless they are also listed in the applicant section of this form.

IDENTIFICATION c

Please tick and complete **ONE** of the following options below:

I have an existing CommSec Client ID or Share Trading account

CLIENT ID/ACCOUNT NO.

CLIENT ID/ACCOUNT NAME

OR

I have a Commonwealth Bank account. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing bank account.

BANK STATE BRANCH (BSB)

ACCOUNT NUMBER

ACCOUNT NAME

IDENTIFICATION (CONTINUED) c

OR

I have a Commonwealth Bank Credit Card Account No. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing credit card account.

ACCOUNT NAME

OR

I do not have a CommSec Share Trading account, Commonwealth Bank Account or Commonwealth Bank Credit Card. I will attach a clear, legible original certified photocopy(s) of the document(s) selected from one of the following options:

Please note: the document(s) must be current (not expired) and consistent with each other. E.g. Exact same name, date of birth, address (where applicable) on all documents.

EITHER:

Passport Australian Drivers Licence

OR

(BIRTH CERTIFICATE PLUS **ONE** OTHER OPTION):

- Birth Certificate plus
- Citizen Certificate Centrelink Pension Card
- Recent Utilities Bill Government Notice
- Taxation Notice Council Rates Notice
- Overseas drivers licence
- Security Guard/Crowd Safety Officer ID
- Medicare Card

OR

(MEDICARE CARD PLUS ONE OTHER OPTION):

- Medicare Card plus
- Birth Certificate Centrelink Pension Card
- Recent Utilities Bill Government Notice
- Taxation Notice Council Rates Notice
- Overseas drivers licence
- Security Guard/Crowd Safety Officer ID

Note 1: Applicants who **DO NOT** have an existing Commonwealth Bank account, Commonwealth Bank Credit Card or CommSec Client ID or Trading account must provide an original certified photocopy of an acceptable identification document(s) selected above. For information on certifying documents please see How to Certify Documents on page 19.

Note 2: We may contact applicants for additional identification documents or to attend a branch to progress application.



SUPERANNUATION FUND/TRUST DETAILS

IMPORTANT INFORMATION

READ BEFORE PROCEEDING

- All trusts (including superannuation funds) to complete this section.
- All individual trustees of a trust must complete Sections 1 and 2 of this application
 - All signatory directors of a company trustee must complete Sections 1 and 2 of this application
 - All company trusts must complete Section 7 of this application

SUPERANNUATION FUNDS AND TRUSTS A

FULL NAME OF TRUST
Leonard & Shana Cheung Superannuation Fund

PROVIDE AN ABBREVIATED VERSION OF THE FULL NAME OF THE TRUST
Leonard & Shana Cheung Superannuation Fund

A/C (up to 23 characters)

Please exclude the word 'Trust' from the trust name (e.g. 'Mary Smith Family trust' should be 'Mary Smith Family')

REGISTERED BUSINESS NAME (IF ANY)

- TRUST TYPE
- Family
 - Self Managed Super Fund
 - Settlement
 - Minor Trust (under the age of 18 years)
(please attach a clear legible original certified photocopy of the minor(s) birth certificate)
 - Other (please specify)

IS THE TRUST OPERATING AS A CHARITY?
 YES NO

IF 'YES' WHAT IS THE PURPOSE OF THE CHARITY?

INDUSTRY CATEGORY
Finance and Insurance

INDUSTRY TYPE
Superannuation Fund

TRUST DEED B

IS THERE A TRUST DEED?
 YES NO

- If 'YES' and the trust is not an existing customer of CommSec:
- For Self Managed Super Fund applications, please provide an original certified photocopy of the front page of the trust deed containing the trust name.
 - For all other trust types, you will also need to provide a certified extract of the trust deed. The extract should include those pages which show the trust name, name of trustee/s, signature of trustee/s with witnesses' signatures, date of execution and name of beneficiary/s, name of settlor and settle sum amount.
 - For information on certifying documents please see How to Certify Documents on Page 13.

HAS THE TRUST BEEN ESTABLISHED IN AUSTRALIA?
 YES NO

TRUST DEED (CONTINUED) B

IF 'NO' PLEASE COMPLETE THE FOLLOWING THREE QUESTIONS:

WHICH COUNTRY WAS THE TRUST ESTABLISHED IN?

WHAT IS THE OBJECTIVE OF THE TRUST?

WHAT IS THE PURPOSE OF SEEKING AN ACCOUNT WITH COMMSEC?

SETTLOR OF TRUST (Mandatory, except if trust type is SMSF or Testamentary trust)

WAS THE "SETTLED SUM" \$10,000 OR MORE?
 YES NO

IF YES, NAME OF SETTLOR:

BENEFICIARY DETAILS C

Please provide the full name of each beneficiary/type of membership Class (e.g. unit holder, family member). If there are more than three beneficiaries/membership classes please photocopy this page, complete and attach to your application.

BENEFICIARY 1

TITLE GIVEN NAME(S)
Mr Leonard Lung-Hin

SURNAME
Cheung

OTHER NAMES KNOWN BY

BENEFICIARY 2

TITLE GIVEN NAME(S)
Mrs Shana

SURNAME
Cheung

OTHER NAMES KNOWN BY



SUPERANNUATION FUND/TRUST DETAILS

BENEFICIARY DETAILS (CONTINUED)

D

BENEFICIARY 3

TITLE GIVEN NAME(S)
 Mr Percy Pusheng
 SURNAME
 Cheung
 OTHER NAMES KNOWN BY

OR
 MEMBERSHIP CLASSES

BUSINESS ACTIVITY

E

PLEASE COMPLETE

Is the entity's primary activity investing?
 YES NO
The entity earns more than 50% of its total income from investment activities (for example rent, interest or dividends); or More than 50% of the entity's assets produce or are held for producing investment income.

ADDITIONAL TRUSTEE DETAILS

F

If there are more than 3 trustees, please provide names and addresses for those additional trustees. For any additional trustees please photocopy this section, complete and attach to your application.

ADDITIONAL TRUSTEE 1

TITLE OTHER (SPECIFY)
 SURNAME
 GIVEN NAME(S)
 DATE OF BIRTH (OPTIONAL) GENDER
 DD / MM / YYYY M F
 EMAIL (OPTIONAL)
 ADDITIONAL TRUSTEE'S ADDRESS (cannot be a PO Box)
 STATE POSTCODE
 COUNTRY (IF NOT AUSTRALIA)

NOTE: Additional trustees do not have authority to the account unless they are also listed in the applicant section of this form.

IDENTIFICATION

F

Please tick and complete **ONE** of the following options below:

I have an existing CommSec Client ID or Share Trading account.
 CLIENT ID/ACCOUNT NO.
 CLIENT ID/ACCOUNT NAME

OR
 I have a Commonwealth Bank account. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing bank account.

BANK STATE BRANCH ACCOUNT NUMBER (BSB)
 ACCOUNT NAME

OR
 I have a Commonwealth Bank Credit Card Account No. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing credit card account.

ACCOUNT NAME

OR
 I do not have a CommSec Share Trading account, Commonwealth Bank Account or Commonwealth Bank Credit Card. I will attach a clear, legible original certified photocopy(s) of the document(s) selected from one of the following options:

Please note: the document(s) must be current (not expired) and consistent with each other. E.g. Exact same name, date of birth, address (where applicable) on all documents.

EITHER:
 Passport Australian Drivers Licence

OR
 (BIRTH CERTIFICATE PLUS **ONE** OTHER OPTION):

Birth Certificate **plus**
 Citizen Certificate Centrelink Pension Card
 Recent Utilities Bill Government Notice
 Taxation Notice Council Rates Notice
 Overseas drivers licence
 Security Guard/Crowd Safety Officer ID
 Medicare Card

OR



Additional Beneficiaries

SUPERANNUATION FUND/TRUST DETAILS

OPTIONAL

BENEFICIARY DETAILS (CONTINUED)

D

BENEFICIARY 3

TITLE GIVEN NAME(S)
 Miss Pauline Puli

SURNAME
 Cheung

OTHER NAMES KNOWN BY

OR

MEMBERSHIP CLASSES

BUSINESS ACTIVITY

E

PLEASE COMPLETE

Is the entity's primary activity investing?
 YES NO

The entity earns more than 50% of its total income from investment activities (for example rent, interest or dividends); or More than 50% of the entity's assets produce or are held for producing investment income.

ADDITIONAL TRUSTEE DETAILS

F

If there are more than 3 trustees, please provide names and addresses for those additional trustees. For any additional trustees please photocopy this section, complete and attach to your application.

ADDITIONAL TRUSTEE 1

TITLE OTHER (SPECIFY)
 Miss

SURNAME
 Cheung

GIVEN NAME(S)
 Pauline Puli

DATE OF BIRTH (OPTIONAL) GENDER
 29/09/1997 M F

PLEASE COMPLETE

EMAIL (OPTIONAL)

ADDITIONAL TRUSTEE'S ADDRESS (cannot be a PO Box)
 523 Heidelberg Rd
 ALPHINGTON
 STATE VIC POSTCODE 3078
 COUNTRY (IF NOT AUSTRALIA)

NOTE: Additional trustees do not have authority to the account unless they are also listed in the applicant section of this form.

IDENTIFICATION

F

Please tick and complete **ONE** of the following options below:

PLEASE COMPLETE

I have an existing CommSec Client ID or Share Trading account.
 CLIENT ID/ACCOUNT NO.
 CLIENT ID/ACCOUNT NAME

OR

I have a Commonwealth Bank account. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing bank account.

BANK STATE BRANCH ACCOUNT NUMBER (BSB)
 ACCOUNT NAME

OR

I have a Commonwealth Bank Credit Card Account No. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing credit card account.

ACCOUNT NAME

OR

I do not have a CommSec Share Trading account, Commonwealth Bank Account or Commonwealth Bank Credit Card. I will attach a clear, legible original certified photocopy(s) of the document(s) selected from one of the following options:

Please note: the document(s) must be current (not expired) and consistent with each other. E.g. Exact same name, date of birth, address (where applicable) on all documents.

EITHER:
 Passport Australian Drivers Licence

OR
 (BIRTH CERTIFICATE PLUS **ONE** OTHER OPTION):

Birth Certificate **plus**
 Citizen Certificate Centrelink Pension Card
 Recent Utilities Bill Government Notice
 Taxation Notice Council Rates Notice
 Overseas drivers licence
 Security Guard/Crowd Safety Officer ID
 Medicare Card

OR



SUPERANNUATION FUND/TRUST DETAILS

IDENTIFICATION (CONTINUED) F

(MEDICARE CARD PLUS **ONE** OTHER OPTION):

Medicare Card **plus**

Birth Certificate Centrelink Pension Card

Recent Utilities Bill Government Notice

Taxation Notice Council Rates Notice

Overseas drivers licence

Security Guard/Crowd Safety Officer ID

Note 1: Applicants who **DO NOT** have an existing Commonwealth Bank account, Commonwealth Bank Credit Card or CommSec Client ID or Trading account must provide an original certified photocopy of an acceptable identification document(s) selected above. For information on certifying documents please see How to Certify Documents on page 19.

Note 2: We may contact applicants for additional identification documents or to attend a branch to progress application.

ADDITIONAL TRUSTEES F

ADDITIONAL TRUSTEE 2

TITLE OTHER (SPECIFY)

SURNAME

GIVEN NAME(S)

DATE OF BIRTH (OPTIONAL) GENDER

DD / MM / YYYY M F

EMAIL (OPTIONAL)

ADDITIONAL TRUSTEE'S ADDRESS (cannot be a PO Box)

STATE POSTCODE

COUNTRY (IF NOT AUSTRALIA)

Note: Additional trustees do not have authority to the account unless they are also listed in the applicant section of this form.

IDENTIFICATION F

Please tick and complete **ONE** of the following options below:

I have an existing CommSec Client ID or Share Trading account

CLIENT ID/ACCOUNT NO.

CLIENT ID/ACCOUNT NAME

IDENTIFICATION F

OR

I have a Commonwealth Bank account. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing bank account.

BANK STATE BRANCH (BSB) ACCOUNT NUMBER

ACCOUNT NAME

OR

I have a Commonwealth Bank Credit Card Account No. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing credit card account.

ACCOUNT NAME

OR

I do not have a CommSec Share Trading account, Commonwealth Bank Account or Commonwealth Bank Credit Card. I will attach a clear, legible original certified photocopy(s) of the document(s) selected from one of the following options:

Please note: the document(s) must be current (not expired) and consistent with each other. E.g. Exact same name, date of birth, address (where applicable) on all documents.

EITHER:

Passport Australian Drivers Licence

OR

(BIRTH CERTIFICATE PLUS **ONE** OTHER OPTION):

Birth Certificate **plus**

Citizen Certificate Centrelink Pension Card

Recent Utilities Bill Government Notice

Taxation Notice Council Rates Notice

Overseas drivers licence

Security Guard/Crowd Safety Officer ID

Medicare Card

OR

(MEDICARE CARD PLUS **ONE** OTHER OPTION):

Medicare Card **plus**

Birth Certificate Centrelink Pension Card

Recent Utilities Bill Government Notice

Taxation Notice Council Rates Notice

Overseas drivers licence

Security Guard/Crowd Safety Officer ID



SUPERANNUATION FUND/TRUST DETAILS

IDENTIFICATION (CONTINUED) F

Note 1: Applicants who **DO NOT** have an existing Commonwealth Bank account, Commonwealth Bank Credit Card or CommSec Client ID or Trading account must provide an original certified photocopy of an acceptable identification document(s) selected above. For information on certifying documents please see How to Certify Documents on page 19.

Note 2: We may contact applicants for additional identification documents or to attend a branch to progress application.

ADDITIONAL TRUSTEES F

ADDITIONAL TRUSTEE 3

TITLE OTHER (SPECIFY)

SURNAME

GIVEN NAME(S)

DATE OF BIRTH (OPTIONAL) GENDER

DD / MM / YYYY M F

EMAIL (OPTIONAL)

ADDITIONAL TRUSTEE'S ADDRESS (cannot be a PO Box)

STATE POSTCODE

COUNTRY (IF NOT AUSTRALIA)

Note: Additional trustees do not have authority to the account unless they are also listed in the applicant section of this form.

IDENTIFICATION F

Please tick and complete **ONE** of the following options below:

I have an existing CommSec Client ID or Share Trading account

CLIENT ID/ACCOUNT NO.

CLIENT ID/ACCOUNT NAME

OR

I have a Commonwealth Bank account. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing bank account.

BANK STATE BRANCH ACCOUNT NUMBER (BSB)

IDENTIFICATION (CONTINUED) F

ACCOUNT NAME

OR

I have a Commonwealth Bank Credit Card Account No. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing credit card account.

ACCOUNT NAME

OR

I do not have a CommSec Share Trading account, Commonwealth Bank Account or Commonwealth Bank Credit Card. I will attach a clear, legible original certified photocopy(s) of the document(s) selected from one of the following options:

Please note: the document(s) must be current (not expired) and consistent with each other. E.g. Exact same name, date of birth, address (where applicable) on all documents.

EITHER:

Passport Australian Drivers Licence

OR

(BIRTH CERTIFICATE PLUS **ONE** OTHER OPTION):

Birth Certificate plus

Citizen Certificate Centrelink Pension Card

Recent Utilities Bill Government Notice

Taxation Notice Council Rates Notice

Overseas drivers licence

Security Guard/Crowd Safety Officer ID

Medicare Card

OR

(MEDICARE CARD PLUS **ONE** OTHER OPTION):

Medicare Card plus

Birth Certificate Centrelink Pension Card

Recent Utilities Bill Government Notice

Taxation Notice Council Rates Notice

Overseas drivers licence

Security Guard/Crowd Safety Officer ID

Note 1: Applicants who **DO NOT** have an existing Commonwealth Bank account, Commonwealth Bank Credit Card or CommSec Client ID or Trading account must provide an original certified photocopy of an acceptable identification document(s) selected above. For information on certifying documents please see How to Certify Documents on page 19.

Note 2: We may contact applicants for additional identification documents or to attend a branch to progress application.



COMMSEC SHARE TRADING

COMPULSORY

COMMSEC SHARE TRADING SETTLEMENT OPTIONS **A**

Please select one of the following CommSec Share Trading Settlement Options:

I would like to elect an account of my choice to become my default share trading settlement account:

BANK STATE BRANCH ACCOUNT NUMBER
(BSB)

ACCOUNT NAME
(E.G. MR JOHN BROWN + MRS JANE BROWN <BROWN SUPER> A/C)

OR

I would like to settle my trades using an existing Accelerated Cash Account

BANK STATE BRANCH ACCOUNT NUMBER
(BSB)

ACCOUNT NAME
(E.G. MR JOHN BROWN + MRS JANE BROWN <BROWN SUPER> A/C)

OR

I would like to settle my trades using a new Accelerated Cash Account. I will attach an Accelerated Cash Account Application form with my CommSec Trading Trust Account Application.

The settlement account **MUST** be in the same name(s) as the applicant details provided in this application.

DIVIDEND DIRECTION **B**

If you would like dividends from your CommSec CHESSE sponsored holdings to be paid into your ACA (where this service is available) please select the check box below. Please note if you do not tick this check box, your dividend payments will be sent by the share registry to the postal address you have provided in this application (unless you contact the relevant share registry directly).

I authorise CommSec to provide my Cash Management Account (ACA) to a share registry for the purpose of having dividend payments for my CommSec CHESSE sponsored holdings paid into my Cash Management Account (ACA) where the company or share registry supports electronic payment or direction of dividends.

COMMSEC SHARE TRADING ACCOUNT **C**

The CHESSE Settlement Facility is a computerised facility for share transfers and registrations operated by the Australian Securities Exchange.

Please note to apply for a share trading account with CommSec you must be CHESSE sponsored by CommSec.

Do you have shares that you wish to transfer to CommSec?

Yes No

- If transferring **Broker Sponsored** stocks complete the **Request for change of sponsoring broker** on page 22 of this application.
- If transferring **Issuer Sponsored** stocks attach copy(s) of your Sponsored Holding Statement(s)*.

COMMSEC SHARE TRADING ACCOUNT (CONTINUED) **C**

***Note:** CHESSE requires the Name and Address of the Issuer Sponsored Holdings to exactly match the details provided in this application. If the details do not exactly match please amend the registration details at the Relevant Share Registry. When the amendment has been made, please forward the confirmation from the Share Registry together with the Issuer Holding Statement(s).

If the email address provided earlier in this application form does not belong to you, delivery of confirmation contract notes will default to paper. This will result in a charge per contract note as stipulated in our Financial Services Guide (FSG).

DECLARATION AND SIGNATURES **D**

You **MUST** read and sign this declaration Share Trading declaration

I/We: Acknowledge that I/we have read the CommSec Trading Terms and Conditions which accompany this application, and if my/our application is approved by CommSec agree to be bound by those Terms and Conditions.

Agree that where I/we have supplied CommSec with an email address, CommSec is authorised by us to send the Confirmations by email. Request that if CommSec is not my/our broker, transfer to CommSec all my/our Issuer Sponsored Holdings (if any), attached in this application.

Have obtained the consent of any individual(s) whose personal information is provided in this application. They have authorised the collection, use or exchange of their information in accordance with Group Privacy Policy.

SHARE TRADING SETTLEMENT DECLARATION

I/We: Authorise and request Commonwealth Securities Limited (APCA User ID no. 062934 - Debit and 062895 - Credit) to arrange for funds to be debited from/credited to my/our account set out in this application through the Bulk Electronic Clearing System (BECS). Acknowledge that this authority is governed by and will remain in force in accordance with the Direct Debit Request Service Agreement section of the CommSec Trading Terms and Conditions.

TRUSTEE DECLARATION

I/We the undersigned (each being an applicant):

- Declare that the information I/we provided to you in my/our application is complete and correct and acknowledge that it will form part of the contract for each product I/we are applying for;
- Acknowledge that:
 - (a) the name of an individual person given to Commonwealth Securities Limited (CommSec) is true and correct and that the law prohibits the use of false names, as well as the giving or use of false documents in connection with an identification procedure; and
 - (b) I/We have read the Financial Services Guide (FSG) for CommSec;
- Consent to the collection, use and exchange of my/our personal information as set out in the Customer Information and Privacy sections of the Terms and Conditions governing each product I/we are applying for.
- Have obtained the consent of any individual(s) whose personal information is provided in this application. They have authorised the collection, use or exchange of their information in accordance with Group Privacy Policy.

PLEASE COMPLETE



COMMSEC SHARE TRADING

DECLARATION AND SIGNATURES (CONTINUED)

C



| | |
|---|----------------|
| SIGNATURE OF INDIVIDUAL 1 | DATE |
| <input checked="" type="checkbox"/> Leonard | DD / MM / YYYY |
| SIGNATURE OF INDIVIDUAL 2 | DATE |
| <input checked="" type="checkbox"/> Shana | DD / MM / YYYY |
| SIGNATURE OF INDIVIDUAL 3 | DATE |
| <input checked="" type="checkbox"/> Percy | DD / MM / YYYY |

THANK YOU FOR APPLYING. YOUR APPLICATION IS ALMOST COMPLETE

CHECKLIST

A

Before you return your application please complete the checklist below:

| CHECKLIST | TICK |
|---|--------------------------|
| 1. Have you signed the compulsory declaration in Section 9 C ? | <input type="checkbox"/> |
| 2. If applicable, have original certified photocopy(s) of acceptable identification document(s) been attached? Are the personal details provided and the proof of identification in EXACTLY the same names? | <input type="checkbox"/> |
| 3. If you are transferring Issuer Sponsored stocks to CommSec have you attached copy(s) of your Issuer Sponsored Statement(s) and ensured the details match the details provided in this application? | <input type="checkbox"/> |

The following optional requests can be found at the back of this form. Only complete if applicable to your application:

| OPTIONAL SECTIONS | TICK |
|--|--------------------------|
| 5. If you wish to authorise an additional account authority to access your share trading account please complete pages 19-21. | <input type="checkbox"/> |
| 6. If you wish to transfer your Broker sponsored holdings to CommSec please complete page 22. | <input type="checkbox"/> |

ANTI-MONEY LAUNDERING AND COUNTER-TERRORISM FINANCING ACT 2006

We are required by law to identify applicants. Applicants who **DO NOT** have an existing Commonwealth Bank account, Commonwealth Bank Credit Card or CommSec Client ID/Trading account need to supply an original certified photocopy of an acceptable identification document(s).

CHECKLIST (CONTINUED)

A

HOW TO CERTIFY DOCUMENTS

Each certified photocopy(s) must include the statement (or similar wording):

"I certify that this is a true copy of the original document"

The certifier must include their **full name, original signature** (photocopied signatures are not accepted) and **qualification or occupation** which makes that eligible.

A person may not certify their own documents. An applicant cannot certify documents for another applicant.

See next page for a list of persons who are allowed to certify identification.

Please attach the original certified copy(s) of the document(s) to your application. **DO NOT** send original documents, or copies of certified copies.

SETTING UP YOUR ACCOUNT

Your account will take a minimum of 5 working days to process on receipt of your completed application form. Once we have processed your application we will send you a welcome communications via email or post to confirm your account(s) has been opened.

Please make a note of the Temporary Login Password you have nominated. You must make a reasonable attempt to disguise your Temporary Login Password if you write it down - that is scramble the details in such a way that others will not be able to decode it. See clause 7(a) of the General Conditions of Trade in the CommSec Trading Terms and Conditions and Clause 8 of Section 3 in the Cash Management Terms and Conditions for details.



THANK YOU FOR APPLYING. YOUR APPLICATION IS ALMOST COMPLETE

LIST OF PERSONS WHO ARE ALLOWED TO CERTIFY IDENTIFICATION

A

- Chiropractor
- Dentist
- Legal practitioner
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon
- Person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1922)
- Bailiff
- Bank officer with 2 or more continuous years of service
- Building society officer with 2 or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with 2 or more years of continuous service
- Employee of the Australian Trade Commission who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3 (d) of the Consular Fees Act 1922; and
 - exercising his or her function in that place
- Employee of the Commonwealth who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3 (c) of the Consular Fees Act 1922; and
 - exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with 2 or more years of continuous service
- Holder of a statutory office not specified in another item in this Part
- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants

LIST OF PERSONS WHO ARE ALLOWED TO CERTIFY IDENTIFICATION (CONTINUED)

A

- Member of the Australian Defence Force who is:
 - an officer; or
 - a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 2 or more years of continuous service; or
 - a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of:
 - the Parliament of the Commonwealth; or
 - the Parliament of a State; or
 - a Territory legislature; or
 - a local government authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Notary public
- Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - the Commonwealth or a Commonwealth authority; or
 - a State or Territory or a State or Territory authority; or
 - a local government authority;
 with 2 or more years of continuous service
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
 - the Commonwealth or a Commonwealth authority; or
 - a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution
- Member of the Australasian Institute of Mining and Metallurgy
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licensees.



ADDITIONAL ACCOUNT AUTHORISATION (OPTIONAL REQUEST) OPTIONAL

IMPORTANT INFORMATION **READ BEFORE PROCEEDING**

- Applicants who wish to authorise an additional account authority to access the account applied for and act on their behalf should complete this section.
- The additional account authority must complete this page.

PERSONAL DETAILS **A**

TITLE GIVEN NAME(S)

SURNAME

OTHER NAMES KNOWN BY

DATE OF BIRTH GENDER

SELECT YOUR LEVEL OF TRADING EXPERIENCE:

- New to share trading
- Some experience
- Frequent Trader (> 3 trades a month)

RESIDENTIAL ADDRESS
(must be an Australian address. Cannot be a PO Box)

STATE POSTCODE

POSTAL ADDRESS
(if same as residential address write 'As above')

STATE POSTCODE

E-MAIL ADDRESS *

***Note:** If you would like online access to your account and/or would like to place trades online and/or would like to receive statements online, you **MUST** provide your email address.

PLEASE TICK TO INDICATE YOUR PREFERRED CONTACT NUMBER

() WORK

() MOBILE

() HOME

() FAX

I do not wish to be informed about potential financial opportunities, research and exclusive cash and broking offers and discounts from CommSec. By ticking this box you will not be notified of potential opportunities like share purchase plans, corporate actions and IPO's. Please note, even if you own shares in the company executing the capital raising we will be unable to notify you. To ensure you receive this information do not tick the above box.

LOGIN DETAILS FOR ONLINE ACCESS **B**

You **MUST** provide a Temporary Login Password for online access (unless you have an existing Client ID - this number begins with a 5).

Temporary Login Password (8 to 16 alphanumeric characters):

Please make a note of the Temporary Login Password you have nominated.



ADDITIONAL ACCOUNT AUTHORISATION (OPTIONAL REQUEST)

IDENTIFICATION A

Please tick and complete **ONE** of the following options below:

I have an existing CommSec Client ID or Share Trading account

CLIENT ID/ACCOUNT NO.

CLIENT ID/ACCOUNT NAME

OR

I have a Commonwealth Bank account. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing bank account.

BANK STATE BRANCH (BSB) ACCOUNT NUMBER

ACCOUNT NAME

OR

I have a Commonwealth Bank Credit Card Account No. Please note that for identification purposes the personal and contact details that you have provided on this application **MUST match** the details on your existing credit card account.

ACCOUNT NAME

OR

I do not have a CommSec Share Trading account, Commonwealth Bank Account or Commonwealth Bank Credit Card. I will attach a clear, legible original certified photocopy(s) of the document(s) selected from one of the following options:

Please note: the document(s) must be current (not expired) and consistent with each other. E.g. Exact same name, date of birth, address (where applicable) on all documents.

EITHER:

Passport Australian Drivers Licence

OR
(BIRTH CERTIFICATE PLUS **ONE** OTHER OPTION):

Birth Certificate **plus**

Citizen Certificate Centrelink Pension Card

Recent Utilities Bill Government Notice

Taxation Notice Council Rates Notice

Overseas drivers licence

Security Guard/Crowd Safety Officer ID

Medicare Card

OR
(MEDICARE CARD PLUS ONE OTHER OPTION):

Medicare Card **plus**

Birth Certificate Centrelink Pension Card

Recent Utilities Bill Government Notice

Taxation Notice Council Rates Notice

Overseas drivers licence

Security Guard/Crowd Safety Officer ID

Note 1: Applicants who **DO NOT** have an existing Commonwealth Bank account, Commonwealth Bank Credit Card or CommSec Client ID or Trading account must provide an original certified photocopy of an acceptable identification document(s) selected above. For information on certifying documents please see How to Certify Documents on page 19.

Note 2: We may contact applicants for additional identification documents or to attend a branch to progress application.



APPLICANT DECLARATION FOR AN ADDITIONAL ACCOUNT AUTHORITY

APPLICANT DECLARATION FOR AN ADDITIONAL ACCOUNT AUTHORITY **A**

You (being the applicant) **MUST** read and sign the declaration below.
I/We: Authorise the additional account authority set out to act on my/our behalf in connection with the product I/we are applying for. The extent of their authority is set out below:

FOR SHARE TRADING

Please select the access level for the authority - if you select nothing then view only access will be granted.

- View Only**
With this access level the authority is able:
 - (a) to have access to receive & enquire about information pertaining to an account.
- View and Transact**
With this access level the authority is able:
 - (a) To have access to receive & enquire about information pertaining to an account.
 - (b) To have access to receive & enquire about information pertaining to an account.
 - (c) To acquire, buy, deal with, dispose of or sell stocks, shares, bonds, debentures, notes, rights, units, options or other securities ('securities');
 - (d) To make and receive payment for any securities transactions and attendant expenses by any means whatsoever and to give goods receipts and discharges for the proceeds of sales and other monies;
 - (e) To execute all contracts and other documents necessary or proper for the custody dealing and transfer of securities and related matters;
 - (f) To receive, hold, arrange custody of and deliver share certificates and other evidence of title to securities
 - (g) To exercise all rights and privileges and perform all duties and obligations which may now or in the future pertain to me as holder of securities;

SIGNATURE OF INDIVIDUAL 1
x

DATE
DD / MM / YYYY

SIGNATURE OF INDIVIDUAL 2
x

DATE
DD / MM / YYYY

SIGNATURE OF INDIVIDUAL 3
x

DATE
DD / MM / YYYY

ADDITIONAL ACCOUNT AUTHORITY DECLARATION **B**

The additional account authority **MUST** read and sign the declaration below - faxed or photocopied signatures are not accepted.

I: Acknowledge that I have received and agree to be bound by the Terms and Conditions governing each product contemplated by this Application and consent to the collection, use and exchange of my personal information as set out in the Customer Information and Privacy sections of those Terms and Conditions.

Acknowledge that the name I have given to CommSec is true and correct and that the law prohibits the use of false names, as well as the giving or use of false documents in connection with an identification procedure.

SIGNATURE OF ADDITIONAL ACCOUNT AUTHORITY

x

DATE
DD / MM / YYYY



CHANGE OF SPONSORING BROKER

IMPORTANT INFORMATION

READ BEFORE PROCEEDING

- Applicants who wish to transfer all their current Broker Sponsored Holdings to CommSec should complete this section.
- By requesting CommSec to broker transfer your stocks you must also agree to be CHES Participant Sponsored by CommSec.
- If there are more than two applicants please photocopy this page and provide an original signature for each additional applicant.

REQUEST FOR CHANGE OF SPONSORING BROKER A

Please note the following details **MUST** be exactly the same as they appear on your current CHES Holding Statement with your existing broker. These **MUST** also be in the same name and address as provided in this application.

Provide your name(s) and address as it appears on your current statement with your existing broker:

NAME

STATE POSTCODE

Please transfer **ALL** our CHES Participant Sponsored shareholdings and/or SCRIP held in safe custody and Holder Identification Number (HIN) from the following broker to CommSec.

EXISTING SPONSORING BROKER

BROKER'S NAME

PID

HIN

ACCOUNT NUMBER

NEW SPONSORING BROKER

Commonwealth Securities Limited
PID 1402

REQUEST FOR CHANGE OF SPONSORING BROKER (CONTINUED) A

SIGNATURE OF INDIVIDUAL 1

x

DATE

DD / MM / YYYY

SIGNATURE OF INDIVIDUAL 2

x

DATE

DD / MM / YYYY

SIGNATURE OF INDIVIDUAL 3

x

DATE

DD / MM / YYYY



Superannuation Trust Deed for a Self-Managed Fund

Leonard & Shana Cheung Superannuation Fund

The Trustee named in the Schedule
and

The Members named in the Schedule



Schedule 2

Fund Details:

| | |
|--------------------------|--|
| Fund name: | Leonard & Shana Cheung Superannuation Fund |
| Fund establishment date: | 28 April 2003 |
| Fund address: | 523 Heidelberg Rd ALPHINGTON VIC 3078 |

Appointment of New Trustee Details:

| | |
|-----------------------------|---|
| Date of Appointing Trustee: | 28 June 2016 |
| Trustees name(s): | Percy Pushena Cheung Pauline Puli Cheung |

Trustee Details:

| | |
|------------------|--|
| Trustee name(s): | Leonard Lung-Hin Cheung Shana Cheung Percy Pushena Cheung Pauline Puli Cheung |
|------------------|--|

Member Details:

| | |
|------------------|--|
| Members name(s): | Leonard Lung-Hin Cheung Shana Cheung Percy Pushena Cheung Pauline Puli Cheung |
|------------------|--|



EXECUTED BY THE PARTIES AS A DEED:

SIGNED SEALED AND DELIVERED by)
the **Trustee** in the presence of:)
)

.....

Leonard Lung-Hin Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Trustee** in the presence of:)
)

.....

Shana Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Trustee** in the presence of:)
)

.....

Percy Pusheng Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Trustee** in the presence of:)
)

.....

Pauline Puli Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.



EXECUTED BY THE PARTIES AS A DEED:

SIGNED SEALED AND DELIVERED by)
the **Member** in the presence of:)
)

.....

Leonard Lung-Hin Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Member** in the presence of:)
)

.....

Shana Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Member** in the presence of:)
)

.....

Percy Pusheng Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.

SIGNED SEALED AND DELIVERED by)
the **Member** in the presence of:)
)

.....

Pauline Puli Cheung

**SIGN
HERE**

**WITNESS
MUST
SIGN**

.....
Signature of witness

.....
Name of witness

ANY person over 18 years of age who is **Not** a Fund Trustee
or Member can be a witness to the Trust Deed.



Section C: Are you electing to become an APRA fund or changing your APRA fund type?

No Go to Section D

Yes Complete this section

5 What is the new APRA fund type? (place 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

Section D: Do you want to change the entity's structure?

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 Go to Section E

Yes Complete this section

6 What is the entity's new structure? (place in one box only)

➤ See Instructions page 4

Accumulation fund

Defined benefit fund

Both accumulation and defined benefit fund

If the entity is an APRA regulated superannuation fund, how many defined benefit members does the entity have?

! Do not include accumulation members in this total.

Section 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 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



10 Do you want to remove a name?

No Go to Section H

Yes What name do you want to remove?

Grid of 60 empty boxes for name removal details.

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 (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 removed'.

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 Go to Section I

Yes Complete this section

11 Where is the entity's new main business location or address?

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.

Grid of 60 empty boxes for main business location details.

Suburb/town/locality, State/territory, Postcode, and Country if outside Australia fields.

12 What is the entity's new postal address for service of notices and correspondence?

This is the address where government departments and agencies will send notices and correspondence. The address will also be made publicly available on Super Fund Lookup at www.business.gov.au

See Instructions page 5

As above If the entity's new postal address is the same as the new main business address, cross this box.

Grid of 60 empty boxes for new postal address details.

Suburb/town/locality, State/territory, Postcode, and Country if outside Australia fields.



Detach form here

13 What is the entity's new email address for service of notices and correspondence?

This is the address where government departments and agencies may send notices and correspondence. Use BLOCK LETTERS and print one character per box. Provide only one email address.

➤ See Instructions page 5

Grid of boxes for email address input.

14 Which matters should the entity's new address apply to? (place in all applicable boxes)

ABN Income tax
Goods and services tax (GST) Superannuation accounts
Pay as you go (PAYG) withholding

Section I: Do you want to update the entity's contact person?

No Go to Section J

Yes Complete this section

15 Who is the new authorised contact person for the entity?

Provide details of a person who may be contacted for further information. They must be authorised to make changes or update information on behalf of the entity, for example, a registered tax or BAS agent.

For more information about what an authorised contact can do on your behalf, visit www.ato.gov.au/authorisedperson

Title: Mr Mrs Miss Ms Other

Family name

Preferred name

Position held

Business hours phone number (a contact number must be provided)

Mobile phone number

After hours phone number

Fax number

Email address of contact person (use BLOCK LETTERS)

Preferred language, if other than English. We may not be able to speak to the contact person in their preferred language at all times.

➤ If you have nominated a registered tax or BAS agent as the new authorised contact person, provide their registration number

16 Which matters is the new authorised contact person permitted to deal with on behalf of the entity?

(place in all applicable boxes)

ABN Income tax
GST Superannuation accounts
PAYG withholding



21 Is the new associate a corporate trustee?

No Go to question 22

Yes Provide corporate trustee details below

Full name of the corporate trustee

Grid of boxes for full name of the corporate trustee.

Australian Company Number (ACN) or Australian Registered Body Number (ARBN)

The corporate trustee's ACN or ARBN must be provided.

Grid of boxes for ACN or ARBN.

Tax file number

Refer to the 'Tax file number disclosure' on page 6 of this form.

Grid of boxes for tax file number.

22 Do you want to add individuals associated with the entity?

No Go to question 24

Yes 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 trustee X Director of the corporate trustee Member of self-managed superannuation fund X Legal personal representative

Name

Title: Mr Mrs Miss Ms Other Mr

Family name

Cheung

First given name

Percy

Other given names

Pusheng

Tax file number 386 016 417

Refer to the 'Tax file number disclosure' on page 6 of this form.

Date of birth 03/03/1995

Sex Male X Female

INDIVIDUAL TWO

All position/s held (place X in all applicable boxes)

Individual trustee X Director of the corporate trustee Member of self-managed superannuation fund X Legal personal representative

Name

Title: Mr Mrs Miss Ms Other Miss

Family name

Cheung

First given name

Pauline

Other given names

Puli

Tax file number 437 286 283

Refer to the 'Tax file number disclosure' on page 6 of this form.

Date of birth 29/09/1997

Sex Male Female X



23 Do you want to add more individuals associated with the entity?

No Go to question 24

Yes Provide these details on a separate sheet of paper:
■ title each page with 'Add associates'
■ the ABN and legal name of the entity
■ all information we request at question 22.

24 Do you want to remove a corporate trustee of the entity?

No Go to question 25

Yes Provide details below of the corporate trustee you want to remove.

Full name of the corporate trustee

Grid of 120 empty boxes for full name of the corporate trustee.

Australian Company Number (ACN) or Australian Registered Body Number (ARBN)

! The corporate trustee's ACN or ARBN must be provided.

Grid of 9 empty boxes for ACN or ARBN.

Tax file number

➤ Refer to the 'Tax file number disclosure' on page 6 of this form.

Grid of 9 empty boxes for tax file number.

25 Do you want to remove an individual associated with the entity?

No Go to Section K

Yes Provide details below of the individual associate you want to remove.

All position/s held (place in all applicable boxes)

Individual trustee Director of the corporate trustee Member of self-managed superannuation fund Legal personal representative

Name

Title: Mr Mrs Miss Ms Other

Family name

First given name Other given names

Tax file number ➤ Refer to the 'Tax file number disclosure' on page 6 of this form.

Date of birth / / Sex Male Female

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

No Go to Section K

Yes Provide these details on a separate sheet of paper:
■ title each page with 'Remove associates'
■ the ABN and legal name of the entity
■ all information we request at question 25.



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 become a self-managed superannuation fund?

No Go to Section O

Yes Complete this section

31 Is there an individual trustee who is a legal personal representative, or a parent or guardian acting on behalf of a member under a legal disability?

No

Yes Go to question 33

32 Is there a director of a corporate trustee who is a legal personal representative, or a parent or guardian acting on behalf of a member under a legal disability?

No

Yes Go to question 33

! A legal personal representative does not include a registered tax or BAS agent or accountant unless they meet the definition on **page 5** of the Instructions.

33 Does the fund intend to be a self-managed superannuation fund for 12 months or longer?

➤ See Instructions **page 7**

No

Yes

Trustee 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

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



Section O: Declaration

! Only a person currently on our records as having authority to make changes or update registration details on behalf of the entity can sign this declaration. For more information visit www.ato.gov.au/authorisedperson

34 Who is the authorised person signing this declaration?

(Complete all of the fields below)

Name of signatory

Leonard Lung-Hin Cheung

Position held

TRUSTEE

Business hours phone number

If the person completing this form is the nominated registered tax or BAS agent, provide your registration number

Before you sign this form

It is important that you have answered all the relevant questions correctly before you sign and date this page.

An incomplete form may delay processing and we may ask you to complete a new application.

⊖ We may impose penalties for giving false or misleading information.

Privacy

We are authorised by taxation laws, including the *Income Tax Assessment Act 1936*, *A New Tax System (Australian Business Number) Act 1999* and *A New Tax System (Goods and Services Tax) Act 1999* to collect the information requested on this form. We need this information to help us administer these Acts and to help us maintain the details relating to you that are recorded in the Australian Business Register (ABR) and other ATO systems.

Where authorised by law to do so, we may give this information to other government agencies including law enforcement and assistance agencies. Selected ABR information may be made publicly available and some may be passed to Commonwealth, state, territory and local agencies, authorised by law to receive it.

You can find a list of these agencies at www.abr.gov.au

I declare that the information given on this form is true and correct.

OR

I declare that:

- this document has been prepared in accordance with information supplied by the entity
- I have received a declaration from the entity authorising me to complete this form and that the information provided to me is true and correct.

! All new trustees or directors of the corporate trustee, of a self-managed superannuation fund appointed after 30 June 2007 must sign a trustee declaration within 21 days of their appointment (see page 3 of the Instructions).

Signature

You MUST SIGN here

Date

Day Month Year
□□ / □□ / □□□□

**SIGN
HERE**

Lodging this form

Make a copy of this application for your own records before you send it to:

Australian Business Register
PO Box 3373
PENRITH NSW 2740



Leonard & Shana Cheung Superannuation

Documentation to be signed and returned to Commonwealth Bank

Please return to one of the following:

Address: Commsec Adviser Services Cash Team

Email: advisercashteam@cba.com.au

Fax: (02) 9280 7895

INSTRUCTION TO COMMONWEALTH BANK

1. Please action the following direct payment via overnight bank transfer:

Amount: \$Full Withdrawal

From:

Account Name: Leonard & Shana Cheung Superannuation Fund
BSB: 067167
Account Number: 18167292

To:

Bank: Commonwealth Bank
Account Name: Leonard & Shana Cheung Superannuation Fund
BSB:
Account Number:



2. Please close the following account:

Account Name: Leonard & Shana Cheung Superannuation Fund
BSB: 067167
Account Number: 18167292

Should you have any queries in relation to this matter please contact us on 0421693739

Yours sincerely,

o o o o o o o o o o ..
Leonard Lung-Hin Cheung

o o o o o o o o o o ..
Shana Cheung

