

TRUSTEE RESOLUTIONS

OF: FRANCESCO MERENDA and CRISTINA ANNA MERENDA

DATED: 12/1/06

TRUSTEE & DEED

NOTED that each trustee has accepted office as trustee of the C & F SUPERANNUATION FUND ('Fund') under a deed that they propose to execute.

TRUSTEES' QUALIFICATIONS

NOTED that each trustee declares they:

1. have no prior convictions for offences 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;
2. are not an insolvent under administration as defined in the *Superannuation Industry (Supervision) Act 1993* (Cth) ('SISA');
3. are not the subject of a civil penalty order that has been made under the SISA; and
4. are eligible to be a member of the Fund under the Act.

TRUSTEES' UNDERTAKINGS

NOTED that each trustee undertakes that should their said qualifications lapse, they will take appropriate action to comply with the SISA.

REGULATORY ITEMS

RESOLVED that the *ABN registration for superannuation entities* be completed and lodged with the ATO within 60 days to obtain a TFN, an ABN and to become a regulated superannuation fund under the SISA.

DEED EXECUTION INVESTMENT STRATEGY

RESOLVED that each trustee execute the deed establishing the Fund.

RESOLVED that until otherwise resolved, the investment strategy of the Fund shall be:

1. to seek long-term growth from any investment permitted under the Deed to provide a reasonable return of income and capital gain without subjecting the Fund to unnecessary risk. The Fund shall seek a return on investments of 2% above inflation; and
2. to make investments exclusively for the purpose of providing superannuation benefits for the Fund's members and to make prudent investments for funding such benefits.

RESOLVED that if the Fund accumulates any reserves, the Trustee shall invest them in accordance with the Fund's investment strategy.

COMPLETE OTHER MATTERS

RESOLVED that each trustee is authorised to complete all notices and forms, open bank accounts and to generally attend to any other administrative matter for the Fund.

ADMIT MEMBERS

RESOLVED, having reviewed each member's application form, to admit the following as new members and to issue them each a duly completed SMSF PDS accordingly:

FRANCESCO MERENDA  
CRISTINA ANNA MERENDA

SIGNED by each trustee:

FRANCESCO MERENDA



CRISTINA ANNA MERENDA



## Application for Membership

To the Trustee of the Fund.

<b>FULL NAME</b>	FRANCESCO MERENDA	<b>TAX FILE No.</b>	564 784 852
<b>ADDRESS</b>	3 Conlon Rise, Athelstone, South Australia 5076		
<b>OCCUPATION</b>	Director/Management	<b>DATE OF BIRTH</b>	15/05/1958

I apply for admission as a Member of the Fund and, in consideration of my admission as a Member:

1. I confirm that I am a trustee unless I am specifically excepted from this requirement under the Standards (eg, due to a legal disability such as under 18 years or being of unsound mind). I accept the responsibilities and liabilities of being a trustee or a director of a corporate trustee to a superannuation fund.
2. I agree to be bound by the provisions of the trust deed governing the Fund. I acknowledge that the expressions and meanings in this Application are identical to those used in the trust deed.
3. I undertake to provide any relevant information or documentary evidence and agree to submit to health and medical tests as requested from time to time by the Trustee related to my membership of the Fund.
4. I nominate the following, each being my LPR and/or a Preferred Dependant (eg, spouse, children and/or a person who is financially dependent on me or in an interdependency relationship with me), to be paid any benefit that I have in the Fund on my death in the designated proportions. I understand that this nomination does not bind the Trustee and is overridden by any Binding Nomination in respect of my death benefit:

NAME	RELATIONSHIP	% OF BENEFIT
CRISTINA ANNA MERENDA	spouse	100%

5. I will notify the Trustee as soon as I cease to be Gainfully Employed or reach age 65.
6. I acknowledge that the Trustee can collect my tax file number ("TFN") under the Standards.
7. I understand that the Trustee will only use the TFN for legal purposes. This includes finding or identifying my superannuation benefits where other information is insufficient, and calculating tax on any eligible termination payment I may be entitled to.
8. I understand that it is not an offence to omit my TFN from this application. But if I do omit to provide it now or later, I may pay more tax on my benefits than I would otherwise have to pay (but which may be later credited to a later assessment of tax) and I may lose benefits which are more difficult to find or to amalgamate with other benefits I am entitled to.
9. I acknowledge that the Trustee may provide any TFN disclosed to the Trustee to the trustee of any other superannuation fund to which my benefits are transferred in the future or to the Australian Taxation Office. However, I understand that my TFN will not be passed on in the event I direct the Trustee in writing not to disclose my TFN and, in any event, my TFN will be treated as confidential in accordance with the Privacy Act 1988 (Cth).
10. I authorise the Trustee to retain and store information on my behalf despite any contrary provision in any privacy legislation.
11. I declare that the information I provide to the Trustee will be true and correct. I acknowledge that it is my responsibility to inform the trustee of any error or changes regarding these matters.

<b>SIGNATURE</b>	<b>DATE</b>
<i>Fm Francesco Merenda</i>	

## Application for Membership

To the Trustee of the Fund.

<b>FULL NAME</b>	CRISTINA ANNA MERENDA	<b>TAX FILE No.</b>	587 167 398
<b>ADDRESS</b>	3 Conlon Rise, Athelstone, South Australia 5076		
<b>OCCUPATION</b>	Administration	<b>DATE OF BIRTH</b>	09/02/1964

I apply for admission as a Member of the Fund and, in consideration of my admission as a Member:

- I confirm that I am a trustee unless I am specifically excepted from this requirement under the Standards (eg, due to a legal disability such as under 18 years or being of unsound mind). I accept the responsibilities and liabilities of being a trustee or a director of a corporate trustee to a superannuation fund.
- I agree to be bound by the provisions of the trust deed governing the Fund. I acknowledge that the expressions and meanings in this Application are identical to those used in the trust deed.
- I undertake to provide any relevant information or documentary evidence and agree to submit to health and medical tests as requested from time to time by the Trustee related to my membership of the Fund.
- I nominate the following, each being my LPR and/or a Preferred Dependant (eg, spouse, children and/or a person who is financially dependent on me or in an interdependency relationship with me), to be paid any benefit that I have in the Fund on my death in the designated proportions. I understand that this nomination does not bind the Trustee and is overridden by any Binding Nomination in respect of my death benefit:

NAME	RELATIONSHIP	% OF BENEFIT
FRANCESCO MERENDA	spouse	100%

- I will notify the Trustee as soon as I cease to be Gainfully Employed or reach age 65.
- I acknowledge that the Trustee can collect my tax file number ('TFN') under the Standards.
- I understand that the Trustee will only use the TFN for legal purposes. This includes finding or identifying my superannuation benefits where other information is insufficient, and calculating tax on any eligible termination payment I may be entitled to.
- I understand that it is not an offence to omit my TFN from this application. But if I do omit to provide it now or later, I may pay more tax on my benefits than I would otherwise have to pay (but which may be later credited to a later assessment of tax) and I may lose benefits which are more difficult to find or to amalgamate with other benefits I am entitled to.
- I acknowledge that the Trustee may provide any TFN disclosed to the Trustee to the trustee of any other superannuation fund to which my benefits are transferred in the future or to the Australian Taxation Office. However, I understand that my TFN will not be passed on in the event I direct the Trustee in writing not to disclose my TFN and, in any event, my TFN will be treated as confidential in accordance with the Privacy Act 1988 (Cth).
- I authorise the Trustee to retain and store information on my behalf despite any contrary provision in any privacy legislation.
- I declare that the information I provide to the Trustee will be true and correct. I acknowledge that it is my responsibility to inform the trustee of any error or changes regarding these matters.

<b>SIGNATURE</b>	<b>DATE</b>
<i>CM</i> <i>Cristina Merenda</i>	