

**MINUTES OF MEETING OF TRUSTEE  
THE NORMAN O'REILLY SUPERANNUATION FUND**

**DATE:**

**HELD AT:** 8 Bemboka Crescent, KALEEN, ACT 2617

**CHAIRPERSON:** Mark John Norman was appointed Chairperson of the meeting.

**PRESENT:** **Trustee:** Norman O'Reilly Super Pty Ltd - ACN 623 570 972 of Unit 9 Level One 9 Capital Place, BIRTINYA, QLD 4575

**BUSINESS:** The Chairperson tabled a motion to establish the administrative platforms and appoint the relevant service providers in respect to the Fund's administration, which Fund shall be known by the name of **The Norman O'Reilly Superannuation Fund** by:

1. applying to become a regulated complying self-managed superannuation fund;
2. applying for an Australian Business Number and a Tax File Number for the Fund;
3. establishing a cash account (such as a cash management trust) or cheque account for the fund as a clearing account for contributions and monies received and benefits and monies paid. Monies need to be deposited into this account as soon as practicable to cater for the running expenses of the Fund;
4. appointing an administrator and/or accountant to the Fund. The administrator and/or accountant's role is to provide information and reports as required under any administration agreement between the Trustee of the Fund and the administrator;
5. appointing an auditor to the Fund. The Superannuation Laws provide that an auditor must be appointed to the Fund on a yearly basis to provide an assessment of the Fund's compliance with the Superannuation Laws. The appointment should be in writing and evidenced by a Trustee minute to appoint an auditor.

**IT WAS UNANIMOUSLY RESOLVED** by all present that the Trustee will complete the following:

1. establish a cash account and deposit funds in the account to be held in the name of the Trustee;
2. notify the ATO of the Fund's intent to become a regulated self-

managed superannuation fund as well as completing ABN and TFN forms to be filed with the ATO;

3. formulate and implement an investment strategy of the Fund in accordance with section 52B(2)(f) of the *Superannuation Industry (Supervision) Act 1993 (Cth)* and the *Superannuation Industry (Supervision) Regulations 1994 (Cth)*;
4. appoint relevant professionals including, where required, an accountant, administrator, auditor, SMSF expert, SMSF investment expert and any other professional; and
5. accept Mark John Norman and Meighan Elizabeth O'Reilly as initial Members of the Fund.

**CLOSURE:**

There being no further business, the meeting was closed.

Signed by the Chairperson as a record of the matters above resolved:



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Mark John Norman

Dated: \_\_\_\_\_

08/02/18


**NOTICE OF ACCEPTANCE TO ACT FORM**  
**The Norman O'Reilly Superannuation Fund**

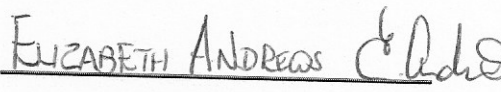
Name: Meighan Elizabeth O'Reilly  
Residential address: 8 Bemboka Crescent, KALEEN, ACT 2617

I, the above-named person, accept to act as Trustee of the Fund/Director of the Corporate Trustee of the Fund and:

- I have read and considered **Part Two of the Governing Rules** and agree to act in accordance with such terms.
- I acknowledge I have had the opportunity to seek legal, financial and accounting advice prior to accepting to act.
- I acknowledge that if I act as a Substitute Decision-Maker of a Member, my appointment is subject to the terms of **the Governing Rules** and I agree to retire upon the terms shown therein.
- I acknowledge that as a condition of my acceptance that I must act in accordance with the Governing Rules, Special Rules and Superannuation Laws which apply to the Fund.
- I acknowledge that if I fail to act in good faith and with due regard to such the Governing Rules, Special Rules and Superannuation Laws, that I may be held personally liable and potentially criminally liable (if I act fraudulently or with gross wanton misconduct).
- I acknowledge that if I am subject to a Mandatory Transfer Event that I am required by the Governing Rules to confer with the other Trustees/Directors of the Corporate Trustee of the Fund, and may be required to relinquish my position.
- I have read and considered Part Two of the Governing Rules and agree to act in accordance with such terms.
- I authorise the Trustee/Directors of the Corporate Trustee of the Fund to record this Declaration in the books and records of the Fund.

Meighan Elizabeth O'Reilly of 8 Bemboka Crescent, KALEEN, ACT 2617:

  
Meighan Elizabeth O'Reilly

  
Witness Name / Signature

Dated: 8/2/18


**NOTICE OF ACCEPTANCE TO ACT FORM**  
**The Norman O'Reilly Superannuation Fund**

Name: Mark John Norman  
Residential address: 8 Bemboka Crescent, KALEEN, ACT 2617

I, the above-named person, accept to act as Trustee of the Fund/Director of the Corporate Trustee of the Fund and:

- I have read and considered **Part Two of the Governing Rules** and agree to act in accordance with such terms.
- I acknowledge I have had the opportunity to seek legal, financial and accounting advice prior to accepting to act.
- I acknowledge that if I act as a Substitute Decision-Maker of a Member, my appointment is subject to the terms of **the Governing Rules** and I agree to retire upon the terms shown therein.
- I acknowledge that as a condition of my acceptance that I must act in accordance with the Governing Rules, Special Rules and Superannuation Laws which apply to the Fund.
- I acknowledge that if I fail to act in good faith and with due regard to such the Governing Rules, Special Rules and Superannuation Laws, that I may be held personally liable and potentially criminally liable (if I act fraudulently or with gross wanton misconduct).
- I acknowledge that if I am subject to a Mandatory Transfer Event that I am required by the Governing Rules to confer with the other Trustees/Directors of the Corporate Trustee of the Fund, and may be required to relinquish my position.
- I have read and considered Part Two of the Governing Rules and agree to act in accordance with such terms.
- I authorise the Trustee/Directors of the Corporate Trustee of the Fund to record this Declaration in the books and records of the Fund.

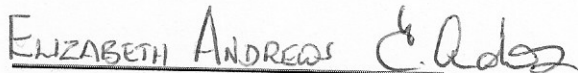
Mark John Norman of 8 Bemboka Crescent, KALEEN, ACT 2617:



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Mark John Norman

Dated: 08/02/18



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Witness Name / Signature


**APPLICATION FOR MEMBERSHIP FORM  
THE NORMAN O'REILLY SUPERANNUATION FUND**

Member Name: Meighan Elizabeth O'Reilly  
Residential address: 8 Bemboka Crescent, KALEEN, ACT 2617  
Date of birth: 06 January 1970  
TFN: 178 242 343

I apply to for membership with the Fund, and warrant as follows as a condition of my application:

18. I am not bankrupt.
19. I agree to act as a Natural Person Trustee, or as a Director of a Corporate Trustee, and in this capacity to act in accordance with the terms of the Governing Rules of the Fund, Special Rules of the Fund and the Superannuation Laws.
20. I acknowledge that the defined terms contained in this Application for Membership are identical to those used in the trust deed governing the Fund, and that I have had the opportunity to read and consider the Governing Rules of the Fund.
21. I have also had the opportunity to meet with legal, financial and accounting advisors, and am satisfied that membership in the Fund is appropriate to my circumstances and needs.
22. I understand that if I am accepted as a member, my membership may be subject to restrictions and/or classifications.
23. I understand that I may only contribute to the Fund if I am eligible under the Superannuation Laws to do so, and this includes any contributions made by other parties on my behalf.
24. I understand that membership in a SMSF carries with it risks, including but not limited to risks associated with disagreement with other members, liquidity and investment risk, and such other risks which follow the nature of a SMSF arrangement.
25. I acknowledge the Trustee is not and will not be liable for any loss suffered as a result of transactions being delayed or frozen.
26. I agree that, unless I provide notice to the Trustee in writing, I do not require any insurance to be held within the Fund in respect of me.
27. I undertake to provide any relevant information or documentary evidence to the Trustee and agree to submit to health and medical tests as and when requested by the Trustee.
28. I acknowledge the Trustee may collect my personal identification documents (as shown in Section Two) and Tax File Number (**TFN**), which will be treated as confidential in accordance with the *Privacy Act 1988 (Cth)* (**Privacy Legislation**) and will only be used for legal purposes (such as identifying and locating my Superannuation Interests, and calculating tax on any eligible termination payment I may be entitled to receive).
29. I agree to provide the Trustee with my TFN. I authorise the Trustee to provide my TFN to any other Superannuation Fund in which my Superannuation Interest may be transferred to and/or to the ATO.

30. I authorise the Trustee to retain and store information on my behalf despite any provision to the contrary in any Privacy Legislation.
31. I agree, if required, to complete any documentation which the Trustee may require, including a Binding Death Benefit Nomination, Substitute Decision-Maker Nomination, Default Superannuation Fund Nomination, and alike. I understand that it is beneficial to all members of the Fund to record my Nominations, so as to limit the opportunity and/or likelihood of disputes and other costs to the Fund associated with misunderstandings.
32. I understand that if I become a bankrupt person or subject to a Mandatory Transfer Event, the Trustee may, but is not required unless the Superannuation Laws prescribed, Roll-over my Superannuation Interests to any other Eligible Entity. If I have made a Default Superannuation Fund Nomination, then my Trustee will have regard to such Nominations. I also understand that the Trustee may not seek my consent in rolling over my Superannuation Interests in the event I am bankrupt or subject to a Mandatory Transfer Event.
33. I understand if I can make a Binding Death Benefit Nomination and/or SMSF Will, the Nomination may not be effected if I have nominated a person who is not eligible to receive the benefit under the Superannuation Laws, if I have made direction in respect to an Asset of the Fund which is not quarantined to my Superannuation Interest and/or I make a direction which threatens the solvency and/or SMSF Complying status of the Fund. I understand that it is best practice to disclose my Binding Death Benefit Nomination and/or SMSF to the Trustee and for the Trustee to obtain legal, financial and/or accounting advice to ascertain if the Nomination is lawful. I understand that the Trustee has no obligation to obtain advice, and it is therefore important that I obtain independent advice and consult with the Trustee. I understand that the Fund has limited membership and onerous terms (such as complicated Conditions of Release of Benefits and cascading provisions) may not be appropriate or agreeable. If I wish to include complicated provisions or attempt to quarantine a Fund Asset to pay a benefit from my Superannuation Interests, that it is best that I seek Trustee consent before making such provisions in my Binding Death Benefit Nomination and/or SMSF Will.
34. I declare that the information I provide to the Trustee is true and correct. I acknowledge it is my responsibility to inform the Trustee of any error or changes regarding these matters.

  
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**Meighan Elizabeth O'Reilly**

Dated: 8/2/18

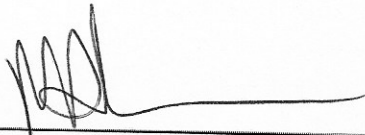
**APPLICATION FOR MEMBERSHIP FORM  
THE NORMAN O'REILLY SUPERANNUATION FUND**

Member Name: Mark John Norman  
Residential address: 8 Bemboka Crescent, KALEEN, ACT 2617  
Date of birth: 06 March 1969  
TFN: 149 911 357

I apply to for membership with the Fund, and warrant as follows as a condition of my application:

1. I am not bankrupt.
2. I agree to act as a Natural Person Trustee, or as a Director of a Corporate Trustee, and in this capacity to act in accordance with the terms of the Governing Rules of the Fund, Special Rules of the Fund and the Superannuation Laws.
3. I acknowledge that the defined terms contained in this Application for Membership are identical to those used in the trust deed governing the Fund, and that I have had the opportunity to read and consider the Governing Rules of the Fund.
4. I have also had the opportunity to meet with legal, financial and accounting advisors, and am satisfied that membership in the Fund is appropriate to my circumstances and needs.
5. I understand that if I am accepted as a member, my membership may be subject to restrictions and/or classifications.
6. I understand that I may only contribute to the Fund if I am eligible under the Superannuation Laws to do so, and this includes any contributions made by other parties on my behalf.
7. I understand that membership in a SMSF carries with it risks, including but not limited to risks associated with disagreement with other members, liquidity and investment risk, and such other risks which follow the nature of a SMSF arrangement.
8. I acknowledge the Trustee is not and will not be liable for any loss suffered as a result of transactions being delayed or frozen.
9. I agree that, unless I provide notice to the Trustee in writing, I do not require any insurance to be held within the Fund in respect of me.
10. I undertake to provide any relevant information or documentary evidence to the Trustee and agree to submit to health and medical tests as and when requested by the Trustee.
11. I acknowledge the Trustee may collect my personal identification documents (as shown in Section Two) and Tax File Number (TFN), which will be treated as confidential in accordance with the *Privacy Act 1988 (Cth)* (**Privacy Legislation**) and will only be used for legal purposes (such as identifying and locating my Superannuation Interests, and calculating tax on any eligible termination payment I may be entitled to receive).
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**Mark John Norman**

Dated: 08/02/18