

**SUPERANNUATION FUND : REGISTER OF MEMBERS**

**THE SOLSTAR SUPERANNUATION FUND**

<b>EMPL NO.</b>	<b>DATE ADMITTED</b>	<b>EMPLOYEE, SELF-EMPLOYED &amp; OTHER MEMBERS (SEE APPLICATION FORMS FOR FURTHER DETAILS)</b>	<b>DATE CEASED</b>
1	20-5-2011	Richard Robert KALDOR	
2	20-5-2011	Sabine Andreina KALDOR	

# SUPERANNUATION FUND : MEMBER APPLICATION

To The Trustee of THE SOLSTAR

SUPERANNUATION FUND

I, Sabine Andreina KALDOR

Occupation Company Director

Date of Birth: 15.11.55

Of (address) 7 Dunbar Street,

Watsons Bay, NSW, 2030.

hereby apply for membership of the above Superannuation Fund and agree to be bound by and conform to the Rules of the said Fund, and confirm that I have been provided with a copy of the Deed and Rules of the said Fund. If I am an Employee, I Nominate the above Fund to my Employer for the purposes of Superannuation Guarantee Charge Act and award based (if any) contributions on my account.

Employment Status (Employee, Self-Employed, Other) SELF-EMPLOYED MEMBER

Employer (if applic) \_\_\_\_\_

Employed Since (date commenced with current employer): \_\_\_\_\_

Tax File Number 848 086 205

Date: 20-5-2011

SIGNED (applicant):

*Kaldor* *KS*

(OPTIONAL) EMPLOYER'S STATEMENT: I/We, the abovenamed Employer, approve the above Fund Nomination and have given the above employee a copy of this Statement. If an Employer Sponsor in the above Fund, I/We nominate the above employee for membership of the above Fund.

Date:

SIGNED (employer):

## TRUSTEE'S RECORD

MEMBER No: 2

Date Recd: 20-5-2011

Date Approved: 20-5-2011

Date the Member was given the "Advice to New Members" Statement: 20-5-2011

Signature(s) of or on behalf of Trustee:

*[Handwritten Signature]* *VR*

ADVICE TO NEW MEMBERS

To (member's name) Sabine Andreina KALDOR

Of (address) 7 Dunbar Street, Watsons Bay, NSW, 2030.

The Trustees of THE SOLSTAR

SUPERANNUATION FUND

hereby advise that your Membership Number in the above Fund is 2, and

1. This Fund is not subject to detailed prudential supervision.
2. Information regarding your benefit entitlements as a member of the Fund and any benefits that you may be entitled to receive are set out in the Rules of the Fund, a copy of which has been provided to you.
3. Information regarding the performance of the Fund is set out in the last Report to Members (if any), a copy of which has been provided to you.
4. The Fund complies with the provisions of the Superannuation Industry (Supervision) Act 1993 ("SIS").
5. The accounts of the Fund must be audited and a report lodged annually with ATO.
6. The Investment Strategy of the Fund is:

To invest in interest-bearing bank deposits, government bonds, real property, shares in stable listed public companies, units in trusts which invest in any of the foregoing, and in such other types of investments as from time to time are approved by the Regulator and as would be in the best interests of the members.

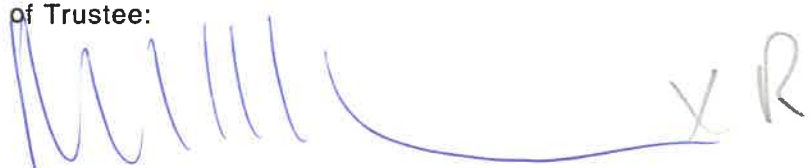
7. The Trustee's strategy for the prudential management of the reserves of the Fund, and its capacity to discharge its liabilities as and when they fall due, is:

To avoid speculative and high-risk investments, and (so far as is practical with the funds available from time to time) to spread the investments of the Fund over a number of types of investments.

In selecting investments for the Fund, the Trustee(s) will take due account from time to time of the probability of a need in the near future to pay benefits to members on retirement or cessation of membership for other reasons, and will accordingly take due account of the convertability of investments to cash when needed.

Signature(s) of or on behalf of Trustee:

Date: 20-5-2011



NOTICE TO TRUSTEE BY MEMBER

To the Trustees of THE SOLSTAR  
SUPERANNUATION FUND

I (member's name) Richard Robert KALDOR

hereby advise that my Membership Number in the above Fund is 1, and

1. NOMINATION RE TYPE OF BENEFIT PAYMENT: I hereby notify you that I require that my benefit entitlement, when payable, be applied in the following form and proportions:

TOWARDS THE PAYMENT OF A LUMP SUM: 100 %  
TOWARDS THE PAYMENT OF A PENSION: %

2. NOMINATION OF BENEFICIARY: I hereby notify you that I require that my benefit entitlement, in the event of my death before it is payable, be paid to my beneficiaries as nominated below and in the proportions nominated below:

Name: SABINE ANDREANA KALDOR 100 %  
Address: 7 DUNDON ST, WATSONS BAY  
Relationship: WIFE  
Name: %  
Address: %  
Relationship: %

3. NOMINATION OF NEW ADDRESS: The following is my new address:  
\_\_\_\_\_  
\_\_\_\_\_

The above nomination(s) replace any previous nomination(s) I may have given.

Nomination(s) categories left blank have been crossed out.

Date: 20.5.2011 SIGNATURE: *[Handwritten Signature]* XS