

**Super Fund Name:** THE PFEIFFER SUPERANNUATION FUND  
**Address:** 23 TYNTE STREET,  
NORTH ADELAIDE, SA, 5006  
**Date:** 1 JULY 2007  
**Document Type:** MINUTES OF A MEETING OF THE TRUSTEES

Present: Beverley Dawn Pfeiffer  
Kjersti Selnes

Minutes of Previous Meeting: The minutes of the previous meeting of trustees were read and confirmed.

Application to commence account based pension: An application to commence a pension has been received by the following members of the Pfeiffer Superannuation Fund;

Beverley Dawn Pfeiffer

The type of pension requested is detailed in the application.

It was resolved that each application be accepted.

Trust Deed: The trustees reviewed the Trust Deed and resolved that the Deed meets all requirements and permits the payment of the type of pension requested by the members.

Investment Strategy: The trustees have reviewed the investment strategy and resolved that it allows sufficient diversity of investments and liquidity to meet the pension payment requirements of the members.

Pension Calculations: It was resolved by the trustees that the following members entitlements are converted to account based pension:

Beverley Dawn Pfeiffer	\$1,000,831.38
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Minimum Standards: The age of the members was noted and the trustees resolved that the requirement for the pension to comply with the minimum standards set out in *Superannuation Industry (Supervision) Regulations 1.5, 1.06, 1.07A, 1.07B, 1.07C and 1.07D* would be met.

Closure: There being no further business the meeting then closed.

Signed as a true record:   
Beverley Dawn Pfeiffer

  
Kjersti Selnes

**REQUEST TO COMMENCE AN ACCOUNT BASED PENSION**

**1. FUND DETAILS**

Fund Name:   
Contact Name:  Contact Phone Number:

**2. MEMBER DETAILS**

Family Name:  Given Names:   
Date of Birth:  TFN:

Condition of Release:

- Attained preservation age (non commutable)
- Over 55 and retired
- Over 60 and retired
- Over 65
- Other

**3. PENSION DETAILS**

Commencement Date:

Amount of Pension:  Entire available balance  
 Specified amount

Is the tax free threshold being claimed for this pension?  Yes  No  N/A over 60

Is the Pension Reversionary:  Yes  No

**Reversionary Details**

Name:   
Address:   
Date of Birth:  TFN:

**MEMBER DECLARATION:**

*I hereby request that a pension be commenced in accordance with my instructions above. I declare that the information provided on this form is complete and correct.*

Signed:

Date: