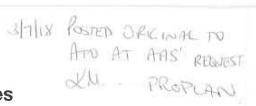


Change of details for superannuation entities



Use this form to change the following details for a superannuation entity:

- mentity type
- Mastralian Prudential Regulation Authority (APRA) fund type
- structure
- M Australian superannuation fund status
- entity name / other name
- address address
- authorised contact person
- associates (trustees, members, directors of corporate trustees, legal personal representatives), or
- m financial account details.

This form can also be used by superannuation entities to:

- elect to be regulated under the Superannuation Industry (Supervision) Act 1993
- become a self-managed superannuation fund, or
- become an APRA regulated superannuation fund.

For information on other ways you can change or update your details, see page 2 of the Instructions.

In this form, 'entity' and 'entities' are terms used to refer to the superannuation fund or trust that is changing its details.

• We will only process this form if you are recorded with us as being authorised to update details on behalf of the entity.

Refer to the instructions to help you complete this form,

m Print clearly using a black or dark blue pen.

■ Use BLOCK LETTERS and print one character per box.

Place X in all applicable boxes.

Do not use correction fluid or covering stickers.

| Section | A: | Entity | info | rma | tion |
|---------|----|---------------|------|-----|------|
|---------|----|---------------|------|-----|------|

| 1 | What is the entity | y's Australian business | number (ABN) | or tax file numbe | r (TFN)? |
|---|---------------------|--------------------------|----------------|--------------------|----------|
| | Willat is the Chiti | y o Austrandii busiiless | HOHIDOL (MDIA) | Of Lax Inc Hairing | |

| Ref | fer to 'The Australian Bus | iness Register an | d your privacy' or | page 8 of the Instru | ctions |
|-----|----------------------------|-------------------|--------------------|----------------------|--------|
| ABN | | | | | |

2 What is the entity's legal name as it appears on the Australian Business Register?

| J.P. O'Sullivan Supe | rannuation Fund | | | |
|----------------------|-----------------|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3 From what date do you want the changes to take effect?

| Day | Month | Year |
|------|--------|------|
| 1 5. | / 06 / | 2018 |

| S | ection J: Do you want to update the entity's associate details? | | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| | This section is used to add or remove associates of the entity. All entities must provide details of their corporate or individual trustees. Self-managed superannuation funds must also | | | | |
| | provide details of their members and the directors of their corporate trustees. | | | | |
| | See Instructions page 5 | | | | |
| | No Go to Section K | | | | |
| | Yes / Complete this section | | | | |
| | Trustee disclosure The trustee disclosure questions at Section N must be completed if a self-managed superannuation fund adds and/or removes associates. | | | | |
| | Tax file number (TFN) disclosure We are authorised by the <i>Taxation Administration Act 1953</i> to ask for tax file numbers. You do not have to provide a TFN. However, not providing a TFN may increase the risk of an administrative error and/or delay the processing of this form. If we cannot identify an associate from the information you provide, you may be contacted for more information. | | | | |
| | If an individual who is a trustee, member or director chooses not to disclose their TFN, they must provide their full name, residential address, sex and date of birth on a separate sheet of paper with the form. Title the separate sheet of paper with the heading 'Individual details'. | | | | |
| | If a corporate trustee chooses not to disclose its TFN, it must provide its business address and the date it commenced, registered or became incorporated on a separate sheet of paper. Title the separate sheet of paper with the heading 'Corporate trustee details' and include with this form. Ensure that any additional sheets of paper include the name (provided at question 2) and ABN of the entity. | | | | |
| 20 | Do you want to add new individuals associated with the entity? | | | | |
| | No Go to question 24 | | | | |
| | Yes ✓ Go to question 21 | | | | |
| 24 | Is the new associate a corporate trustee? | | | | |
| 21 | No Go to question 22 | | | | |
| | | | | | |
| | Yes ✓ Provide corporate trustee details below | | | | |
| | name of the corporate trustee | | | | |
| | lose Gully I ty Ltd - Activ 020 100 140 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Aus | tralian Company Number (ACN) or Tax file number | | | | |
| | tralian Registered Body Number (ARBN) Refer to the 'Tax file number' | | | | |
| V | The corporate trustee's ACN or ARBN must be provided. disclosure' on page 6 of this form. | | | | |
| 62 | 6 766 149 | | | | |
| 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: | | | | |
| | 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) | |
| | of self-managed Legal personal rannuation fund representative |
| Name | |
| Title: Mr ✓ Mrs Miss Ms Other | |
| Family name | |
| O'Sullivan | |
| First given name | Other given names |
| John | Peter |
| Tax file number 119 234 466 | Refer to the 'Tax file number disclosure' on page 6 of this form. |
| Date of birth 30 / 11 / 1951 | Sex Male / Female |
| INDIVIDUAL TWO | |
| All position/s held (place X in all applicable boxes) | |
| | f self-managed Legal personal representative |
| Name | |
| Title: Mr Mrs Miss Ms ✓ Other | |
| Family name | |
| Leong | |
| First given name | Other given names |
| Angela | |
| Tax file number 135 003 276 | Refer to the 'Tax file number disclosure' on page 6 of this form. |
| Date of birth 03 / 07 / 1961 | Sex Male Female |
| 23 Do you want to add more individuals ass | ociated with the entity? |
| No Go to question 24 | |
| Yes Provide these details on a separate shee title each page with 'Add associates' the ABN and legal name of the entity all information we request at question 2 | |

| 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 |
| JOHN O'SULLIVAN (MEDICAL) PTY. LTD. |
| OOTHV O OCELIVAT (MEDIOAE) F T T. ETD. |
| Australian Company Number (ACN) or Tax file number |
| Australian Registered Body Number (ARBN) Refer to the 'Tax file number |
| The corporate trustee's ACN or ARBN must be provided. disclosure' on page 6 of this form. |
| 010 790 557 |
| 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 Director of the Superannuation fund Legal personal representative superannuation fund representative Name Itle: Mr ✓ Mrs Miss Ms Other O'Sullivan |
| irst given name Other given names |
| John Peter |
| Fax file number 119 234 466 Refer to the 'Tax file number disclosure' on page 6 of this form. |
| Date of birth 3 0 / 1 1 / 1 9 5 1 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: it title each page with 'Remove associates' it the ABN and legal name of the entity all information we request at question 25. |

| INDIVIDUAL TWO |
|-------------------------------------------------------------------------------------------------------------------------------|
| All position/s held (place X in all applicable boxes) |
| Individual Director of the Member of self-managed Legal personal corporate trustee |
| Name |
| Title: Mr Mrs Miss Ms 🗸 Other |
| Family name |
| Leong |
| First given name Other given names |
| Angela |
| Tax file number 135 003 276 Refer to the 'Tax file number disclosure' on page 6 of this form. |
| Date of birth 0 3 / 0 7 / 1 9 6 1 Sex Male Female |
| INDIVIDUAL THREE |
| All position/s held (place X in all applicable boxes) |
| Individual Director of the Member of self-managed Legal personal trustee corporate trustee superannuation fund representative |
| Name |
| Title: Mr Mrs Miss Ms Other |
| Family name |
| |
| First given name Other given names |
| |
| Tax file number Sefer to the 'Tax file number disclosure' on page 6 of this form. |
| Date of birth / |
| INDIVIDUAL FOUR |
| All position/s held (place X in all applicable boxes) |
| Individual Director of the Member of self-managed Legal personal trustee corporate trustee superannuation fund representative |
| Name |
| Title: Mr Mrs Miss Ms Other |
| Family name |
| |
| First given names 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 |

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? Go to Section O Compete 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 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? Go to question 33 Yes 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? Has a civil penalty order ever been made in relation to any of the trustees? Are any of the trustees an undischarged bankrupt? Have any of the trustees been notified that they are a disqualified person by a Regulator (APRA or the Commissioner of Taxation)? 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? Has a receiver, or a receiver and manager of the company been appointed? Has the company been placed under official management? Has a provisional liquidator of the company been appointed?

Is the company being wound-up?

Section O: Declaration Donly 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 26 Who is the authorised person signing this declaration? (Complete all of the fields below) Name of signatory John Position held Trust e e Business hours phone number 048842066 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 Date You MUST SIGN here *John to 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**