

Self-managed super fund trustee declaration

Australian Government
Australian Taxation Office



I understand that as an individual trustee or director of the corporate trustee of

Fund name

WEERTS SUPER FUND	

I am responsible for ensuring that the fund complies with the *Superannuation Industry (Supervision) Act 1993* (SISA) and other relevant legislation. The Commissioner of Taxation (the Commissioner) has the authority and responsibility for administering the legislation and enforcing the fund's compliance with the law.

I must keep myself informed of changes to the legislation relevant to the operation of my fund and ensure the trust deed is kept up to date in accordance with the law and the needs of the members

If I do not comply with the legislation, the Commissioner may take the following actions:

- impose administrative penalties on me.
- enter into agreements with me to rectify any contraventions of the legislation.
- disqualify me from being a trustee or director of a corporate trustee of any superannuation fund in the future.
- remove the fund's complying status, which may result in significant adverse tax consequences for the fund
- prosecute me under the law, which may result in fines or imprisonment

SOLE PURPOSE

I understand it is my responsibility to ensure the fund is maintained for the purpose of providing benefits to its members upon their retirement (or attainment of a certain age) or their beneficiaries if a member dies. I understand that I should regularly evaluate whether the fund continues to be the appropriate vehicle to meet this purpose.

TRUSTEE DUTIES

I understand that by law I must at all times:

- act honestly in all matters concerning the fund
- exercise skill, care and diligence in managing the fund
- act in the best interests of all the members of the fund
- ensure that members only access their super benefits if they have met a legitimate condition of release
- refrain from entering into transactions that circumvent restrictions on the payment of benefits
- ensure that my money and other assets are kept separate from the money and other assets of the fund
- take appropriate action to protect the fund's assets (for example, have sufficient evidence of the ownership of fund assets)
- refrain from entering into any contract, or do anything, that would prevent me from, or hinder me in, properly performing or exercising my functions or powers as a trustee or director of the corporate trustee of the fund
- allow all members of the fund to have access to information and documents as required, including details about the financial situation of the fund
- – the investments of the fund
- – the members' benefit entitlements.

I also understand that by law I must prepare and implement and regularly review an investment strategy having regard to all the circumstances of the fund which include, but is not limited to:

- the risks associated with the fund's investments
- the likely return from investments, taking into account the fund's objectives and expected cash flow requirements
- investment diversity and the fund's exposure to risk due to inadequate diversification
- the liquidity of the fund's investments having regard to the fund's expected cash flow requirements in discharging its existing and prospective liabilities (including benefit payments)
- whether the trustees of the fund should hold insurance cover for one or more members of the fund.

Investment Restrictions

I understand that, as a trustee or director of the corporate trustee of the fund, subject to certain limited exceptions specified in the law, I am prohibited from

- lending money of the fund to, or providing financial assistance to, a member of the fund or a member's relative (financial assistance means any assistance that improves the financial position of a person directly or indirectly including the provision of credit)
- acquiring assets (other than business real property, listed securities, certain in-house assets and acquisitions made under members allowed by special determinations or acquisitions as a result of a breakdown of a relationship) for the fund from members or other related parties of the fund
- borrowing money (or maintaining an existing borrowing) on behalf of the fund except in certain limited circumstances (while limited recourse borrowing arrangements are permitted, they can be complex and particular conditions must be met to ensure that legal requirements are not breached)

- having more than 5% of the market value of the fund's total assets at the end of the income year as in-house assets (these are loans to, or investments in, related parties of the fund - including trusts - or assets subject to a lease or lease arrangement between the trustee and a member, relative or other related party)
- entering into investments on behalf of the fund that are not made or maintained on an arm's length (commercial) basis, (this ensures the purchase or sale price of the fund's assets and any earnings from those assets reflects their market value).

Accepting Contributions and Paying Benefits
 I understand that I can only accept contributions and pay benefits (income streams or lump sums) to members or their beneficiaries when the conditions specified in the law and the fund trust deed have been met.

Administration

I understand that the trustees of the fund must:

- Keep and retain for at least 10 years
- minutes of all trustee meetings at which matters affecting the fund were considered (this includes investment decisions and decisions to appoint members and trustees)
- records of all changes of trustees, including directors of the corporate trustee
- each trustee's consent to be appointed as a trustee of the fund or a director of the corporate trustee
- all trustee declarations
- copies of all reports given to members

• Ensure that the following are prepared and retained for at least five years

- an annual statement of the financial position of the fund
- an annual operating statement
- copies of all annual returns lodged
- accounts and statements that correctly record and explain the transactions and financial position of the fund
- ensure that an approved auditor is appointed within the prescribed period (currently this is no later than 31 days before the due date for lodgement of the fund's annual return but this may change to 45 days) to audit the fund for each income year, and provide that auditor with documents as requested
- lodge the fund's annual return, completed in its entirety, by the due date
- notify the ATO within 28 days of any changes to the
- membership of the fund, or trustees or directors of the corporate trustee
- name of the fund
- contact person and their contact details
- postal address, registered address or address for service of notices for the fund

- notify the ATO in writing within 28 days of the fund being wound up or after becoming aware that the fund has ceased to be an SMSF

DECLARATION

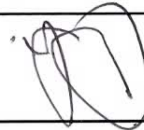
By signing this declaration I acknowledge my duties and responsibilities as a trustee or director of the corporate trustee of the self managed superannuation fund named on this declaration (or if the fund's name changes, that name). I understand that:

- I must ensure this document is retained for at least 10 years or while I remain a trustee or director of the corporate trustee (whichever is longer) and if I fail to do this, penalties may apply
- I may have to make this document available for inspection by a member of staff of the ATO and, if I fail to do this, penalties may apply.
- I do not have access to the government's financial assistance program that is available to trustees of Australian Prudential Regulation Authority (APRA) regulated funds in the case of financial loss due to fraudulent conduct or theft.

Trustee's or director's name

Damion Craig Weerts

Trustee or director's signature



Date

01/09/2017

Witness' name (witness must be over 18 years of age)

Witness' signature

Date

01/09/2017

Self-managed super fund trustee declaration



I understand that as an individual trustee or director of the corporate trustee of

	WEERTS SUPER FUND
Fund name	

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I must keep myself informed of changes to the legislation relevant to the operation of my fund and ensure the trust deed is kept up to date in accordance with the law and the needs of the members

If I do not comply with the legislation, the Commissioner may take the following actions:

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- enter into agreements with me to rectify any contraventions of the legislation.
- disqualify me from being a trustee or director of a corporate trustee of any superannuation fund in the future.
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SOLE PURPOSE

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TRUSTEE DUTIES

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- act honestly in all matters concerning the fund
- exercise skill, care and diligence in managing the fund
- act in the best interests of all the members of the fund
- ensure that members only access their super benefits if they have met a legitimate condition of release
- refrain from entering into transactions that circumvent restrictions on the payment of benefits
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- take appropriate action to protect the fund's assets (for example, have sufficient evidence of the ownership of fund assets)
- refrain from entering into any contract, or do anything, that would prevent me from, or hinder me in, properly performing or exercising my functions or powers as a trustee or director of the corporate trustee of the fund
- allow all members of the fund to have access to information and documents as required, including details about the financial situation of the fund
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 - name of the fund
 - contact person and their contact details
 - postal address, registered address or address for service of notices for the fund
- notify the ATO in writing within 28 days of the fund being wound up or after becoming aware that the fund has ceased to be an SMSF

DECLARATION

By signing this declaration I acknowledge that I understand my duties and responsibilities as a trustee or director of the corporate trustee of the self managed superannuation fund named on this declaration (or if the fund's name changes, that name). I understand that:

- I must ensure this document is retained for at least 10 years or while I remain a trustee or director of the corporate trustee (whichever is longer) and if I fail to do this, penalties may apply
- I may have to make this document available for inspection by a member of staff of the ATO and, if I fail to do this, penalties may apply.
- I do not have access to the government's financial assistance program that is available to trustees of Australian Prudential Regulation Authority (APRA) regulated funds in the case of financial loss due to fraudulent conduct or theft.

Trustee's or director's name

Annette Joylene Weerts

Trustee or director's signature

Date

01/09/2017

Witness' name (witness must be over 18 years of age)

Witness' signature

Date

01/09/2017

DECLARATION BY DIRECTOR OF TRUSTEE COMPANY

**UNDER SECTION 118 OF THE
SUPERANNUATION INDUSTRY (SUPERVISION) ACT 1993**

I, **Damion Craig Weerts**

of **18 Ross Davis Avenue**

Evanston Gardens SA 5116

HEREBY DECLARE that I am not a disqualified person as defined by SIS and am therefore not disqualified from acting as a director of a trustee company of a superannuation fund under SIS

HEREBY DECLARE that I am aware of my responsibilities under the trust deed having read and fully understood it's contents, and also my responsibilities under SIS.

AND HEREBY CONSENT to act as a Trustee of the Weerts Super Fund (in my capacity as a director of Weerts Super Fund Pty Ltd)

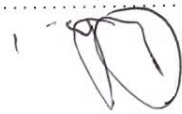
constituted on **01/09/2017**

AND I AGREE to execute the Trust Deed and to administer the Fund in accordance with the terms and conditions set out in the Trust Deed and other legislative requirements.

I UNDERTAKE to notify any other directors of the trustee of the Fund in writing if I am for any reason disqualified from continuing to act as a trustee.

dated: **01/09/2017**

signed:



* Note re Disqualified Person (SIS Section 120):

The following are defined by SIS as being disqualified persons:

1. persons who have at any time been convicted of an offence in respect of dishonest conduct;
2. a civil penalty order was made against the person; or
3. a person is an insolvent under administration.

A body corporate trustee is a disqualified person where:

1. a receiver and manager has been appointed in respect of property beneficially owned by the body;
2. an official manager or deputy official manager has been appointed in respect of the body;
3. a provisional liquidator has been appointed in respect of the body; or
4. the body has begun to be wound up.

N.B. A director of a Corporate trustee must not be a disqualified person as described above.

DECLARATION BY DIRECTOR OF TRUSTEE COMPANY
UNDER SECTION 118 OF THE
SUPERANNUATION INDUSTRY (SUPERVISION) ACT 1993

I, Annette Joylene Weerts

of 18 Ross Davis Avenue
Evanston Gardens SA 5116

HEREBY DECLARE that I am not a disqualified person as defined by SIS and am therefore not disqualified from acting as a director of a trustee company of a superannuation fund under SIS

HEREBY DECLARE that I am aware of my responsibilities under the trust deed having read and fully understood it's contents, and also my responsibilities under SIS.

AND HEREBY CONSENT to act as a Trustee of the Weerts Super Fund (in my capacity as a director of Weerts Super Fund Pty Ltd)

constituted on 01/09/2017

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1. a receiver and manager has been appointed in respect of property beneficially owned by the body;
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 4. the body has begun to be wound up.

N.B. A director of a Corporate trustee must not be a disqualified person as described above.

WEERTS SUPER FUND

APPLICATION FOR MEMBERSHIP

Full Name: Damion Craig Weerts

Address: 18 Ross Davis Avenue
Evanston Gardens SA 5116

Date of Birth: 13/09/1975

I make application to become a member of the Weerts Super Fund ("The Fund")

* I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.
* The Applicant hereby applies to make contributions to the Fund and agrees to be bound by the Deed and Rules governing the Fund.

Pursuant to the authorisations for the collection of Tax File Numbers ("TFN") contained in the taxation laws, the *Superannuation Industry (Supervision) Act 1993* and the *Privacy Act 1988*, I hereby agree to provide my TFN as follows:

My Tax File Number is: _____
and I hereby authorise the trustees to use this tax file number.

NOMINATION OF BENEFICIARIES

I hereby nominate the following persons to receive the benefit payable by the Trustees of the fund in the event of my death:

Name and Address	Relationship to member	Proportion of benefit
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ANNETTE JOYENE WEERTS

Spouse

100 %

18 Ross Davis Ave

EVANSTON GARDENS SA 5116

%

Dated this 1st Day of September 2017

Signature of Applicant: 

* I would like this nomination to be binding on the trustees (cross out & initial if inapplicable)

BINDING DEATH BENEFIT NOMINATION

To the Trustees of the Weerts Super Fund

I Damion Craig Weerts,

of 18 Ross Davis Avenue

Evansston Gardens SA 5116

as a member of the above fund, direct you to pay my death benefit to the following persons in the proportions as shown:

Name of Beneficiary	Relationship to Me	Percentage of Benefit	Transfer via Lump Sum or Pension
Amelie Joylene Weerts	Spouse	100%	Lump Sum

If any of the person nominated above predecease me I direct you to pay the proportion of my death benefit that would have been payable to that person to the following persons in the proportions as shown:

Name of Beneficiary	Relationship to Me	Percentage of Benefit	Transfer via Lump Sum or Pension
Amelie Joylene Weerts			
Samuel Weerts	Son	33%	Lump Sum
Dylan Weerts	Son	33%	Lump Sum
Aleasha Weerts	Daughter	33%	Lump Sum

I understand that:

1. I can amend or revoke this Nomination at any time by providing a new nomination.
2. Unless amended or revoked earlier, this nomination is binding on the trustees for a period of three (3) years from the date this nomination is signed.

OR

I understand that this nomination will not lapse unless I amend or revoke it.

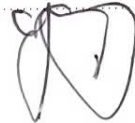
(cross out whichever is inapplicable)

3. If the total proportion of my benefit nominated above does not equal my entire benefit then I understand that the trustee shall have discretion as to where the remaining proportion of my benefit shall be paid.

4. I understand that if I have not completed this nomination correctly then it may be invalid and that the trustee may then have a discretion as to where my benefit is paid.

I acknowledge that I have been provided with the necessary information to enable me to make an informed nomination and I fully understand the effect of this nomination.

Signed



Date:

Witnesses: (This nomination must be signed by 2 witnesses over the age of 18 and not named as beneficiaries)

We declare that:

- * This Nomination was signed by the member in our presence
- * We are aged 18 years or older
- * We are not named as beneficiaries in this nomination.

Date:

Name:

Hayley Dyson

H Dyson

WEERTS SUPER FUND

APPLICATION FOR MEMBERSHIP

Full Name: Annette Joylene Weerts

Address: 18 Ross Davis Avenue
Evanston Gardens SA 5116

Date of Birth: 02/03/1975

I make application to become a member of the Weerts Super Fund ("The Fund")

* I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.
* The Applicant hereby applies to make contributions to the Fund and agrees to be bound by the Deed and Rules governing the Fund.

Pursuant to the authorisations for the collection of Tax File Numbers ("TFN") contained in the taxation laws, the *Superannuation Industry (Supervision) Act 1993* and the *Privacy Act 1988*, I hereby agree to provide my TFN as follows:

My Tax File Number is: _____ and I hereby authorise the trustees to use this tax file number.

NOMINATION OF BENEFICIARIES

I hereby nominate the following persons to receive the benefit payable by the Trustees of the fund in the event of my death:

Name and Address	Relationship to member	Proportion of benefit
DAMION CRAIG WEERTS 18 ROSS DAVIS AVE EVANSTON GARDENS SA 5116	SPOUSE	100 %

* I would like this nomination to be binding on the trustees (cross out & initial if inapplicable)

Dated this 1st Day of September 2017

Signature of Applicant:



* Delete this clause if inapplicable

BINDING DEATH BENEFIT NOMINATION

To the Trustees of the Weerts Super Fund.....

I, Annette Joylene Weerts,.....

of 18 Ross Davis Avenue.....

Evanston Gardens SA 5116.....

as a member of the above fund, direct you to pay my death benefit to the following persons in the proportions as shown:

Name of Beneficiary	Relationship to Me	Percentage of Benefit	Transfer via Lump Sum or Pension
Damon Craig Weerts	Spouse	100%	Lump Sum

If any of the person nominated above predecease me I direct you to pay the proportion of my death benefit that would have been payable to that person to the following persons in the proportions as shown:

Name of Beneficiary	Relationship to Me	Percentage of Benefit	Transfer via Lump Sum or Pension
Shamuel Weerts	SON	33-33	Lump Sum
Dylan Weerts	SON	33-33	Lump Sum
Alessia Weerts	DAUGHTER	33-33	Lump Sum

I understand that:

1. I can amend or revoke this Nomination at any time by providing a new nomination.
2. Unless amended or revoked earlier, this nomination is binding on the trustees for a period of three (3) years from the date this nomination is signed.

OR

I understand that this nomination will not lapse unless I amend or revoke it.
 (cross out whichever is inapplicable)

3. If the total proportion of my benefit nominated above does not equal my entire benefit then I understand that the trustee shall have discretion as to where the remaining proportion of my benefit shall be paid.
4. I understand that if I have not completed this nomination correctly then it may be invalid and that the trustee may then have a discretion as to where my benefit is paid.

I acknowledge that I have been provided with the necessary information to enable me to make an informed nomination and I fully understand the effect of this nomination.

Signed



Date:

Witnesses: (This nomination must be signed by 2 witnesses over the age of 18 and not named as beneficiaries)

We declare that:

- * This Nomination was signed by the member in our presence
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- * We are not named as beneficiaries in this nomination.

Hayley Dyson

J Dyson

Name:

Date: