

MINUTES OF MEETING OF TRUSTEES OF THE SUPERNOVA FUND HELD
AT 62 SECOND AVENUE, 6th June, 2023

PRESENT: Alan Novak (Chairperson)
Nicole Novak

CHAIRPERSON: Alan Novak was elected to Chair the meeting.

BUSINESS: Receipt of s290-170 Notices from Alan and Nicole Novak,
members of the Supernova Fund, electing to claim a tax
deduction for the following contributions was tabled:

Alan J Novak	Member 1	Amount : \$ 27,500.00
Nicole L Novak	Member 2	Amount : \$ 27,500.00

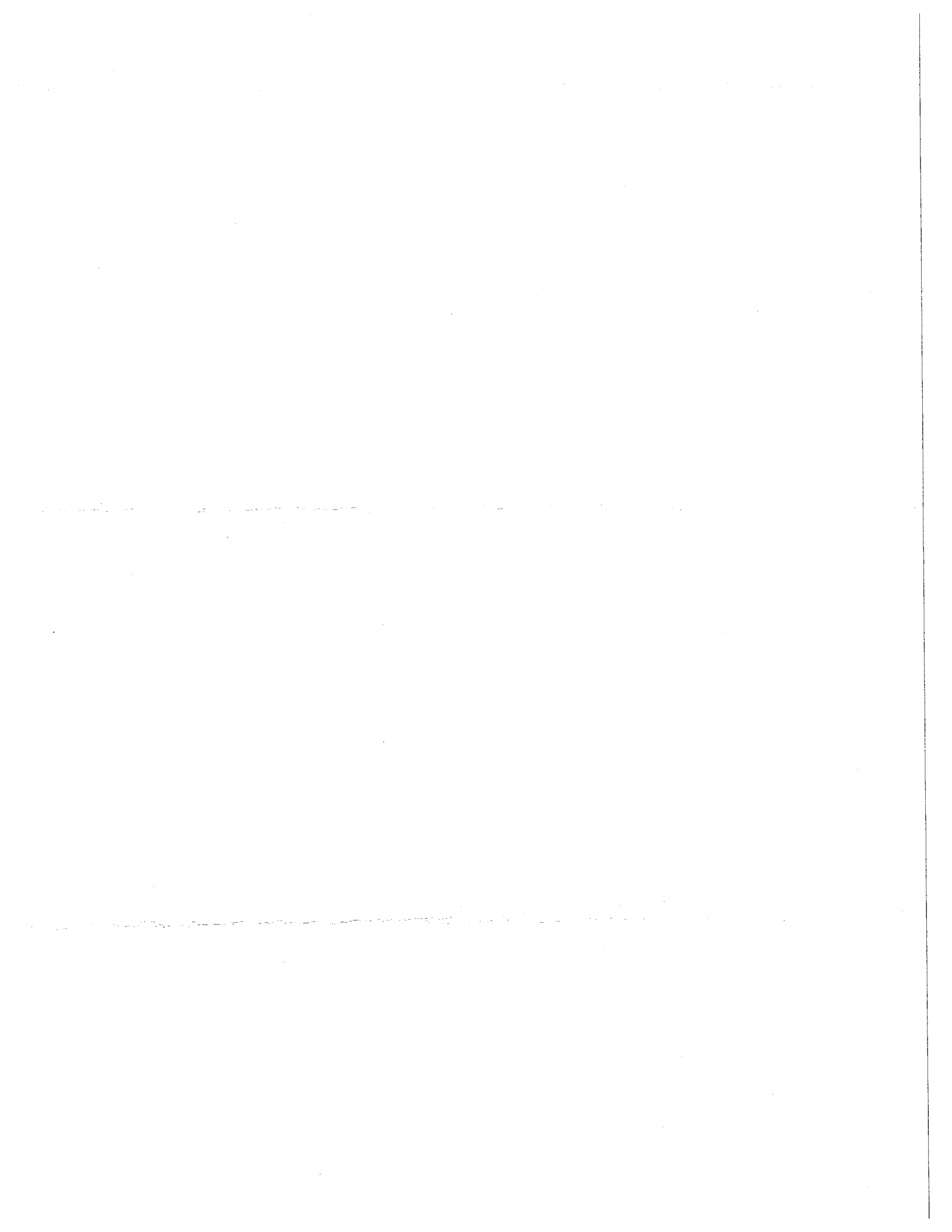
ACCEPTANCE
OF NOTICE:

It was resolved to accept the notices, and issue written
acceptance to each member to that effect.

CLOSURE: There being no further business the meeting was convened.


Alan J Novak
Chairperson

 06/06/2023
Date



Mr Alan Novak
62 Second Avenue
Moana SA 5169

6th June, 2023

Dear Mr Novak

Supernova Fund
Section 290-170 Notice Confirmation
Account Number: 1

We Acknowledge receipt of the Notice provided by you for the purposes of Section 290-170 in which you advised that an amount of \$27500.00 will be claimed by you as a tax deduction in your income tax return for the year ended 30 June 2022.

Please retain this Notice to substantiate your tax deduction in accordance with current taxation laws.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Alan Novak', written over the typed name 'Alan Novak'.

Alan Novak
Trustee for the Supernova Fund



Mrs Nicole Novak
62 Second Avenue
Moana SA 5169

6th June, 2023

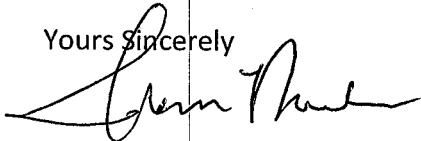
Dear Mrs Novak,

Supernova Fund
Section 290-170 Notice Confirmation
Account Number: 2

We Acknowledge receipt of the Notice provided by you for the purposes of Section 290-170 in which you advised that an amount of \$27,500.00 will be claimed by you as a tax deduction in your income tax return for the year ended 30 June 2022.

Please retain this Notice to substantiate your tax deduction in accordance with current taxation laws.

Yours Sincerely



Alan Novak
Trustee for the Supernova Fund





Notice of intent to claim or vary a deduction for personal super contributions

COMPLETING THIS STATEMENT

- Print clearly using a black pen only.
- Use BLOCK LETTERS and print one character per box.
- Place in ALL applicable boxes.

! The instructions contain important information about completing this notice. Refer to them for more information about how to complete and lodge this notice.

Section A: Your details

1 Tax file number (TFN)

430 972 975

! The ATO does not collect this information provided on this form. This form is to assist you in providing details to your super fund. Your super fund is authorised to request your personal details, including your TFN, under the *Superannuation Industry (Supervision) Act 1993*, the *Income Tax Assessment Act 1997* and the *Taxation Administration Act 1953*. It is not an offence not to provide your TFN. However, if you do not provide your TFN, and your super fund doesn't already hold your TFN, they will not be permitted to accept the contribution(s) covered by this notice. For more information about your privacy please contact the entity you are providing this form to.

2 Name

Title: Mr Mrs Miss Ms Other

Family name
NOVAK

First given name: ALAN Other given names: JONATHAN

3 Date of birth: Day 10 / Month 10 / Year 1966

4 Current postal address

62 SECOND AVENUE

MOANA

Suburb/town/locality: MOANA State/territory: SA (Australia only) Postcode: 5169 (Australia only)

Country if outside of Australia

5 Daytime phone number (include area code) 0468492865

Section B: Super fund's details

6 Fund name

SUPERNOVA FUND

7 Fund Australian business number (ABN) 61 692 750 024

8 Member account number 1

9 Unique Superannuation Identifier (USI) (if known)



Notice of intent to claim or vary a deduction for personal super contributions

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Section A: Your details

1 Tax file number (TFN)

5 8 8 7 6 4 9 1 4

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2 Name

Title: Mr Mrs Miss Ms Other

Family name

NOVAK

First given name

NICOLE

Other given names

LOUISE

3 Date of birth 26 / 11 / 1965

4 Current postal address

62 SECOND AVENUE

Suburb/town/locality

MOANA

Country if outside of Australia

State/territory

SA (Australia only)

Postcode

5169 (Australia only)

5 Daytime phone number (include area code) 0488682672

Section B: Super fund's details

6 Fund name

SUPERNOVA FUND

7 Fund Australian business number (ABN) 61 692 750 024

8 Member account number 2

9 Unique Superannuation Identifier (USI) (if known)

Declaration

This form has a declaration where you sign to indicate that the information in it is correct and complete. Please review the information before you sign the declaration. If you provide false or misleading information, or fail to take reasonable care, you may be liable to administrative penalties imposed by taxation law.

1 Complete this declaration if you have already lodged a valid notice with your fund for these contributions and you wish to **reduce** the amount stated in that notice.

VARIATION OF PREVIOUS VALID NOTICE OF INTENT

I declare that at the time of lodging this notice:

- I intend to claim the personal contributions stated as a tax deduction
- I am a current member of the identified super fund
- the identified super fund currently holds these contributions and has not begun to pay a superannuation income stream based in whole or part on these contributions.

- I have not yet lodged my income tax return for the relevant year and this variation notice is being lodged on or before 30 June in the financial year following the year in which the personal contributions were made, **or**
- the ATO has disallowed my claim for a deduction for the relevant year and this notice reduces the amount stated in my previous valid notice by the amount that has been disallowed.

*I declare that I wish to vary my previous valid notice for these contributions by **reducing** the amount I advised in my previous notice and I confirm that either:*

- I have lodged my income tax return for the year in which the contribution was made, prior to the end of the following income year, and this variation notice is being lodged before the end of the day on which the return was lodged, **or**

I declare that the information given on this notice is correct and complete.

Name (Print in BLOCK LETTERS)

Grid of boxes for printing the name in block letters.

Signature

Large rectangular box for writing the signature.

Date

Form for entering the date, with labels for Day, Month, and Year.

2 Send your completed variation notice to your super fund. **Do not send it to us.** The information on this notice is for you and your super fund. We don't collect this information; we only provide a format for you to provide the information to your super fund.

