



053

THE TRUSTEE FOR THE KELLY  
SUPERANNUATION FUND  
PO BOX 1156  
MIDLAND DC WA 6936

Our reference: 8010366827276  
Phone: 13 10 20  
ABN: 50 697 809 245

22 February 2016

**Your self-managed superannuation fund is compliant  
(Evidential document – please file)**

Dear Sir/Madam

We are writing to confirm THE TRUSTEE FOR THE KELLY SUPERANNUATION FUND is a complying superannuation fund for the 1 July 2014 to 30 June 2015 income period in accordance with the *Superannuation Industry (Supervision) Act 1993*.

The fund will continue to be eligible for concessional taxation treatment unless we tell you otherwise.

**You can use this notice as evidence from the Australian Taxation Office that the fund is a complying superannuation fund, so please file it for your records.**

If there's anything more you'd like to know you can visit [www.ato.gov.au/smsf](http://www.ato.gov.au/smsf) or phone us on **13 10 20** between 8.00am and 6.00pm, Monday to Friday.

Yours faithfully

Robert Ravanello  
Deputy Commissioner of Taxation

# INVESTMENT STRATEGY GUIDE

## The Kelly Superannuation Fund

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### MEMBERS

*Name: Charles Henry Kelly*

*Name: Linda May Kelly*

### TRUSTEES

*Name: Charles Henry Kelly*

*Name: Linda May Kelly*

### Objectives

The following investment objectives and strategies are in accordance with section 52(2)(f) of the *Superannuation Industry (supervision) Act, 1993* (SIS Act).

As a general investment objective, the Trustee aims to achieve reasonable medium to long term growth maintaining low levels of capital volatility and risk.

The Trustee however, accepts that volatility will occur within asset classes in the short- term but will seek sufficient diversification through the Fund's investment portfolio to minimize risk.

The Trustee aims to:

- Create superannuation Benefits to Members and their Dependents to meet their retirement needs; and
- Ensure that the allocations of resources are distributed amongst an appropriate selection of investments by the Fund to support the above objective.

### Investment Strategy

The Trustee will determine the Fund's investment structure which may include but is not limited to all or one of the following:

- Stocks, derivatives, direct equities, divided reinvestment programs and rights issues;
- Property trusts and affiliated investments;
- Managed investments and affiliated products;
- Direct residential industrial or commercial property investment;
- The Fund may borrow to acquire the beneficial interest in listed Company shares provided the lender's rights on any default of the borrowing or the sum of the borrowing and charges related to the borrowing are limited to rights relating to those listed shares or any replacement to the listed shares.

- The Fund may borrow to acquire the beneficial interest in real estate, provided the lenders rights on any default of the borrowing or the sum of the borrowing and charges related to the borrowing are limited to rights relating to that real estate or any replacement to the real estate.
- Bank and other financial institution securities, term deposits, debentures, bonds and secured and unsecured notes; and
- Any other investment that does not breach the rules of the Fund.

The below listed range of investments are merely suggestive and is subject to the Trustee(s) discretion in varying the allocation of resources at any time if market conditions or other circumstances warrant a change.

However, if the Trustee wishes to venture into opportunities beyond the below listed parameters, the investment strategy of the Fund and all decisions made must then be fully revised and minuted.

The investment strategy of the fund is tabulated below in the following assets:

<b>Asset</b>	<b>Range</b>
Cash	100 %
Fixed interest Investment	%
Australian Equities	%
International Equities	%
Property, direct and indirect	%
Derivatives, options, futures, foreign currency, etc.	%
Other investments: collectables, arts, coins, etc.	%
<b>Total</b>	<b>100%</b>

The Trustee(s) may seek professional advice of accountants, solicitors or financial planners in the structure and planning of the investment strategy. The Trustee(s), in formulating the investment strategy, has taken into account the features of the investment types according to both the objectives and the superannuation laws summarized below:

- Investment risks and return;
- Liquidity and cash-flow requirements;
- Investment diversification;
- The Fund's ability to discharge liabilities

**Policies**

In order to achieve the objectives, the Trustees have agreed upon adopting the following policies:

- Regular monitoring of the Fund's investments performance covering the rate of return in income and capital growth, risk profile of the portfolio and the expected cash flow requirements.
- Revising the investment portfolio according to changes in market conditions.

The Trustee(s) will review the strategy at least annually, reserving the right to make changes when appropriate, and to ensure that investments align with the overall strategy

**Executed by or on behalf of the Trustee**

CH  
X \_\_\_\_\_  
Charles Kelly

4, 2, 2016  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Name Charles Henry Kelly

Date

LM  
X \_\_\_\_\_  
L. Kelly

4, 2, 2016  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Name Linda May-Kelly

Date

# Death Benefit Nomination

This document is a pro forma document only. Professional advice should be obtained before signing this document.

Name of Fund: THE KELLY SUPERANNUATION FUND

Member Name: LINDA KELLY

Address: 11 BANKSIA DALE MARMION WA 6020.

Date of Birth: 11/5/1957

I, the Member named above, direct the Trustee of the Fund to pay any benefit in respect of my membership of the Fund following my death ("Benefit") in accordance with this Nomination.

## 1. Revocation

I revoke any previous binding or non-binding nominations.

## 2. Binding or Non-Binding (Please mark the applicable box)

### 2.1 Binding

This Nomination is binding on the Trustee.

OR

### 2.2 Non-binding

This Nomination is not to be binding on the Trustee and the Trustee is under no obligation to comply with it, but may, in exercising its discretion, take into account this Nomination.

## 3. Duration of Nomination

Unless amended or revoked, this Nomination does not lapse or expire unless I have specified otherwise below by marking the applicable box.

This Nomination:

is revoked if I revoke it in accordance with the Trust Deed

OR

does not lapse

OR

lapses on \_\_\_\_\_  
(date)

OR

expires in the event that \_\_\_\_\_  
(eg 'if value of super fund is \$X', or 'Y person predeceases me')

4. Nominee(s)

Name of nominee beneficiaries	Relationship (Specify: spouse, child, interdependency relationship, financially dependant, or Legal Personal Representative of my deceased estate)	DOB	Amount of Benefit (% or \$ or remainder of Benefit)	Manner of Payment: Lump Sum or Pension* (Optional)
CHARLES KELLY	SPOUSE	26/3/1959	100%	<input checked="" type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)

*\*If no manner of payment is specified, the Trustees of the Fund have the discretion to pay my Benefit as one or more lump sums or as a pension.*

5. Redistribution (Please mark the applicable box)

Not Applicable

OR

If any person nominated above dies before me, I direct the Trustee to distribute the Amount allocated to that person as follows: *SPLIT EQUALLY BETWEEN MY TWO CHILDREN.*

6. Remainder of Benefit

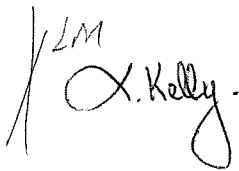
To the extent this Nomination does not deal with 100% of my Benefit, the Trustee may, in its discretion, treat any amount not so dealt with in accordance with the Trust Deed.

7. Reversionary Pension

This Nomination does not alter any reversionary pensioner's entitlement.

8. Acknowledgement

I acknowledge that the nominees are my dependants for the purposes of the *Superannuation Industry (Supervision) Act 1993*, being a spouse, child, person who is financially dependent on me, or a person with whom I am in an interdependency relationship, or my legal personal representative.


Signature of Member:  J.M. Kelly.

Date: 8/1/15

**Witnesses**

We declare that:

- this Nomination was signed by the Member in our presence;
- we are aged 18 or more; and
- we are not nominated as beneficiaries.

Signature of Witness: 

Date: 03/02/2015.

Print Name of Witness: AMY PRICE

Occupation: ACCOUNTANT

Signature of Witness: 

Date: 03/02/2015

Print Name of Witness: TRACY OVERMIRE

Occupation: ACCOUNTANT

# Death Benefit Nomination

This document is a pro forma document only. Professional advice should be obtained before signing this document.

Name of Fund: THE KELLY SUPERANNUATION FUND  
Member Name: CHARLES KELLY  
Address: 11 BANKSIA AVE MARION WA 6030  
Date of Birth: 26/3/1959

I, the Member named above, direct the Trustee of the Fund to pay any benefit in respect of my membership of the Fund following my death ("Benefit") in accordance with this Nomination.

## 1. Revocation

I revoke any previous binding or non-binding nominations.

## 2. Binding or Non-Binding (Please mark the applicable box)

### 2.1 Binding

This Nomination is binding on the Trustee.

OR

### 2.2 Non-binding

This Nomination is not to be binding on the Trustee and the Trustee is under no obligation to comply with it, but may, in exercising its discretion, take into account this Nomination.

## 3. Duration of Nomination

Unless amended or revoked, this Nomination does not lapse or expire unless I have specified otherwise below by marking the applicable box.

This Nomination:

is revoked if I revoke it in accordance with the Trust Deed

OR

does not lapse

OR

lapses on \_\_\_\_\_  
(date)

OR

expires in the event that \_\_\_\_\_  
(eg 'if value of super fund is \$X', or 'Y person predeceases me')



4. Nominee(s)

Name of nominee beneficiaries	Relationship (Specify: spouse, child, interdependency relationship, financially dependant, or Legal Personal Representative of my deceased estate)	DOB	Amount of Benefit (% or \$ or remainder of Benefit)	Manner of Payment: Lump Sum or Pension* (Optional)
LINDA KELLY	SPOUSE	11/5/1957	100%	<input checked="" type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)

*\*If no manner of payment is specified, the Trustees of the Fund have the discretion to pay my Benefit as one or more lump sums or as a pension.*

5. Redistribution (Please mark the applicable box)

Not Applicable

OR

If any person nominated above dies before me, I direct the Trustee to distribute the Amount allocated to that person as follows: *SPLIT BETWEEN MY TWO CHILDREN EQUALLY.*

6. Remainder of Benefit


To the extent this Nomination does not deal with 100% of my Benefit, the Trustee may, in its discretion, treat any amount not so dealt with in accordance with the Trust Deed.

7. Reversionary Pension

This Nomination does not alter any reversionary pensioner's entitlement.

8. Acknowledgement

I acknowledge that the nominees are my dependants for the purposes of the *Superannuation Industry (Supervision) Act 1993*, being a spouse, child, person who is financially dependent on me, or a person with whom I am in an interdependency relationship, or my legal personal representative.


Signature of Member: 

Date: 8/1/15.

Witnesses

We declare that:

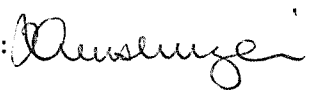
- this Nomination was signed by the Member in our presence;
- we are aged 18 or more; and
- we are not nominated as beneficiaries.

Signature of Witness: 

Date: 03/02/2015

Print Name of Witness: AMY PRICE

Occupation: ACCOUNTANT.

Signature of Witness: 

Date: 03/02/2015.

Print Name of Witness: TRACEY OVERSTUDEN

Occupation: ACCOUNTANT

# Minutes of Meeting of Trustees of

## THE KELLY SUPERANNUATION FUND

**Held At:**

**On:**

**Present:** KELLY, CHARLES HENRY  
KELLY, LINDA MAY

**Chairperson:** KELLY, CHARLES HENRY

**Fund:** It was resolved that the Trustees act as Trustee(s) of a Superannuation Fund to provide certain superannuation benefits for Members.

**Trust Deed:** It was resolved that the Trustees execute the Superannuation Deed tabled.

**Members of Fund:** It was noted that the initial Members of the Fund would be:

KELLY, CHARLES HENRY

KELLY, LINDA MAY

It was noted that the initial Members were parties to and had signed the deed.

It was also noted that further Members may be admitted pursuant to the rules by written application and notice of approval being given by the Trustee to the applicant in accordance with the Deed. It was noted that the Trustees had previously provided Product Disclosure Statements and all other information to Members as required.

**Date of Establishment of Fund:** It was noted that the Fund is established when:

(a) the trust deed is executed; and

(b) the first contribution is received by the Trustee in respect of a Member.

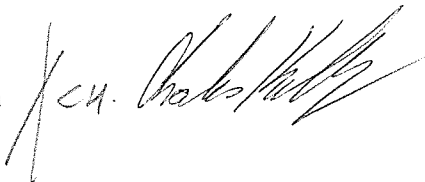
**Notice of Election:** It was resolved that the notice to the ATO tabled at the meeting electing that the Fund become a regulated superannuation fund be executed by the Trustees and forwarded immediately to the ATO.

**Bank Account:** It was resolved that a bank account would be opened and that any one of the Trustees be authorised to operate the account.

**Investment Strategy:** It was resolved that the Trustees formulate and give effect to an investment strategy in accordance with the provisions of the Superannuation Industry (Supervision) Act 1993 (Cth) as required by SIS.

**Confirmation:** Signed by the Chairperson as and for a true and accurate record.

**Chairperson**



**Date**

8/11/2015

# Consent to Act as Trustee

I, KELLY, CHARLES HENRY

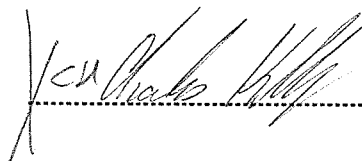
hereby consent to act as Trustee of the superannuation fund known as the  
THE KELLY SUPERANNUATION FUND

and declare:

1. I am not disqualified from acting as a trustee or as a responsible officer of a trustee company under the Superannuation Industry (Supervision) Act.
2. I have never been found guilty of or convicted of an offence against or arising out of a law of the Commonwealth, a State, a Territory or a foreign country, being an offence in respect of dishonest conduct.
3. A civil penalty order has never been made in relation to me.
4. I am not an insolvent under administration.
5. The Regulator has not disqualified me under section 120 of the Superannuation Industry (Supervision) Act.
6. I have not, in the preceding 3 years from the date of this declaration, entered into a deed of assignment or arrangement or a composition with creditors under Part X of the Bankruptcy Act.

Dated: 8/1/2015

Signed: \_\_\_\_\_



# Consent to Act as Trustee

I, KELLY, LINDA MAY

hereby consent to act as Trustee of the superannuation fund known as the

THE KELLY SUPERANNUATION FUND

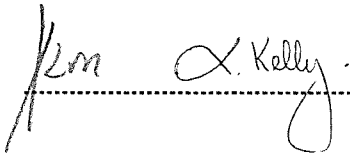
and declare:

1. I am not disqualified from acting as a trustee or as a responsible officer of a trustee company under the Superannuation Industry (Supervision) Act.
2. I have never been found guilty of or convicted of an offence against or arising out of a law of the Commonwealth, a State, a Territory or a foreign country, being an offence in respect of dishonest conduct.
3. A civil penalty order has never been made in relation to me.
4. I am not an insolvent under administration.
5. The Regulator has not disqualified me under section 120 of the Superannuation Industry (Supervision) Act.
6. I have not, in the preceding 3 years from the date of this declaration, entered into a deed of assignment or arrangement or a composition with creditors under Part X of the Bankruptcy Act.

Dated:

8/1/2015

Signed:

 A handwritten signature in black ink, appearing to read 'Lm Kelly', is written over a horizontal dotted line. The signature is cursive and includes a small flourish at the end.

# Application for Membership

**Name of Fund:** THE KELLY SUPERANNUATION FUND

**Member's Name:** KELLY, LINDA MAY

(Minor's Name if on behalf of minor)

**Address:**

11 BANKSIA DALE

MARMION WA 6020

**Date of Birth:** 11/05/1957

**Occupation:**

**Telephone:**

**Fax:**

**Tax File Number:**

**Contributing Employer(s):**

I hereby apply to become a Member of the abovementioned Fund.

\* I apply as the parent or guardian of and on behalf of the minor referred to above.

(Delete if inapplicable)

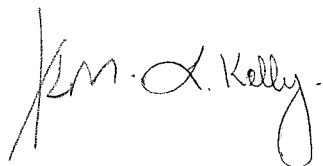
I understand that my membership is subject to terms and conditions specified in the Trust Deed governing the Fund.

This application is accompanied by a Product Disclosure Statement.

I nominate and agree to the Trustee named in the Deed acting as Trustee.

I have received from the Trustee a notice containing information needed for the purpose of understanding the main features of the Fund, its management and financial condition and investment performance. (The Trustee must attach these if the Member is joining at a time other than when the fund is established).

**Signed:**



**Dated:**

8/1/15

# Application for Membership

**Name of Fund:** THE KELLY SUPERANNUATION FUND

**Member's Name:** KELLY, CHARLES HENRY

(Minor's Name if on behalf of minor)

**Address:**

11 BANKSIA DALE

MARMION WA 6020

**Date of Birth:** 26/03/1959

**Occupation:**

**Telephone:**

**Fax:**

**Tax File Number:**

**Contributing Employer(s):**

I hereby apply to become a Member of the abovementioned Fund.

\* I apply as the parent or guardian of and on behalf of the minor referred to above.

(Delete if inapplicable)


I understand that my membership is subject to terms and conditions specified in the Trust Deed governing the Fund.

This application is accompanied by a Product Disclosure Statement.

I nominate and agree to the Trustee named in the Deed acting as Trustee.

I have received from the Trustee a notice containing information needed for the purpose of understanding the main features of the Fund, its management and financial condition and investment performance. (The Trustee must attach these if the Member is joining at a time other than when the fund is established).

**Signed:**



**Dated:**

8/1/15

# Notice of agreement of Members to the nomination of Trustee

We the undersigned being all of the Members of the following superannuation fund:

THE KELLY SUPERANNUATION FUND

hereby agree to the nomination of:

KELLY, CHARLES HENRY  
KELLY, LINDA MAY

as Trustee of the Fund and we further agree to the Board of Directors as constituted at the date of this agreement if the Trustee is a Corporation.

Signed by the said Members:

X *cn Charles Kelly*

X *cm. L. Kelly.*

Dated:



# Statement that Fund is a Resident Regulated Superannuation Fund

Section 25 of the Superannuation Guarantee (Administration Act) 1992 specifies that contributions are presumed to be contributions to a complying superannuation fund if, at or before the time the contribution is made, the employer has obtained a written statement from the Trustee of the Fund in the form set out below.

This statement should be provided to an employer at or before the employer makes the first contribution into the fund.

Please note that contributions will not be presumed to be to a complying fund if, at the time the contribution is made, the employer is:

- \* The Trustee of the Fund; or
- \* Has an association with the Trustee or manager of the Fund (within the meaning of section 318 of the Income Tax Assessment Act 1936);

## AND

- \* the employer has reasonable grounds for believing the Fund is not a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 (Cth) or is operating in contravention of a regulatory provision, as defined in section 38A of that Act.

## Statement

KELLY, CHARLES HENRY  
KELLY, LINDA MAY

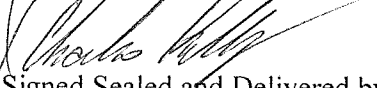
the Trustee of the  
THE KELLY SUPERANNUATION FUND

("Fund") state:

1. The Fund is a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 (Cth); and

2. The Fund is not subject to a direction under section 63 of the Superannuation Industry (Supervision) Act 1993 (Cth).

Signed by the Trustees



Signed Sealed and Delivered by  
KELLY, CHARLES HENRY

in their capacity as Trustee in the presence of:



Signed Sealed and Delivered by  
KELLY, LINDA MAY

in their capacity as Trustee in the presence of:



053

THE TRUSTEE FOR THE KELLY  
SUPERANNUATION FUND  
PO BOX 1156  
MIDLAND DC WA 6936

Our reference: 7102845910026  
Phone: 13 10 20

13 January 2015

**Please send all your future superannuation fund information to us**

Dear Sir/Madam

Thank you for notifying us of your choice to make THE TRUSTEE FOR THE KELLY SUPERANNUATION FUND a regulated self-managed superannuation fund (SMSF).

As we are responsible for regulating this type of fund, all information you provide about THE TRUSTEE FOR THE KELLY SUPERANNUATION FUND, including your SMSF annual return, needs to be sent to us.

We look forward to helping you with any other regulatory and taxation issues that may relate to your fund. On the back of this letter, you'll find some guidance and useful links for running a SMSF.

If you have any questions, please call us on **13 10 20** between 8.00am and 6.00pm, Monday to Friday. We'll be happy to help.

Yours faithfully

Robert Ravanello  
Deputy Commissioner of Taxation





053

THE TRUSTEE FOR THE KELLY  
SUPERANNUATION FUND  
PO BOX 1156  
MIDLAND DC WA 6936

Our reference: 3610162624162  
Phone: 13 92 26  
ABN: 50 697 809 245

13 January 2015

## We have registered you on the Australian Business Register

Dear Sir/Madam

Your Australian business number (ABN) is **50 697 809 245**.

Your ABN registration is effective as of 8 January 2015.

Please check that the enclosed ABN details recorded for your business or organisation are correct and advise us if they are not.

### Your obligations

You're legally required to ensure your ABN details are kept up-to-date and you must notify the Registrar of any changes to your details within 28 days.

If you have an AUSkey you can update your ABN details online. AUSkey is a secure login that identifies you when you use participating government online services for business. If you don't have an AUSkey you can register at [abr.gov.au/auskey](http://abr.gov.au/auskey) Alternatively, you can update your details by contacting us on **13 92 26** between 8.00am and 6.00pm, Monday to Friday.

The Registrar will periodically review your ABN registration. Where there is evidence that you're no longer entitled to hold an ABN your registration may be cancelled. Evidence could include information related to your tax affairs such as not reporting business income or not lodging business activity statements.

If you've indicated that you require endorsement as a deductible gift recipient, income tax exempt fund or tax concession charity, an application will be sent to you shortly.

### Starting or running a business

The Australian Government's dedicated business website [www.business.gov.au](http://www.business.gov.au) is a one-stop shop for business information from all levels of government. The website provides a range of free tools including planning templates, checklists and how-to guides to help you work smarter, not harder. Find business information and support the easy way, visit [www.business.gov.au](http://www.business.gov.au) today.

### What you need if you phone us

We need to know we're talking to the right person before we can discuss your affairs. We'll ask you for details that only you or someone you've authorised would know. An authorised person is someone who you've previously told us can act on your behalf. If you can, please have your ABN with you.

Yours faithfully

Mark Jackson  
Deputy Registrar of the Australian Business Register

## Australian Business Register

Australian business number (ABN) : 50 697 809 245  
Entity name : The Trustee for The Kelly Superannuation Fund  
ABN status : Active  
ABN registration date : 8 January 2015  
Postal address : PO Box 1156  
MIDLAND DC WA  
6936  
Business address : 11 BANKSIA DALE  
MARMION WA  
6020  
Email address : brad@carterwoodgate.com.au  
Type of entity : ATO Regulated Self-Managed Superannuation Fund  
ANZSIC code : 6330 - Superannuation Funds

### Associates

The following are the associates of the entity:

Associate name	Position held
Mr CHARLES KELLY	Trustee
Mrs LINDA KELLY	Member Of A Self Managed Superannuation Fund
	Member Of A Self Managed Superannuation Fund
	Trustee





053

Our reference: 7102845910055

THE TRUSTEE FOR THE KELLY  
SUPERANNUATION FUND  
PO BOX 1156  
MIDLAND DC WA 6936

13 January 2015

## Your tax file number

Dear Sir/Madam

The details of your tax file number registration are:

**Name:** THE TRUSTEE FOR THE KELLY SUPERANNUATION FUND  
**Tax file number:** 439 258 255

It's important to keep this letter and any other document with your tax file number on it, in a safe place.

You should quote this tax file number when contacting us as it will help us find your information faster.

You will be asked to provide your tax file number to financial institutions and investment bodies when you open accounts or make investments with them. You don't have to give your tax file number to these organisations, but if you don't, they may withhold more tax from any investment returns or interest they pay to you.

### For more information

You can find out more on our website [www.ato.gov.au/tfn](http://www.ato.gov.au/tfn)

Yours faithfully

Robert Ravanello  
Deputy Commissioner of Taxation