

**CONSENT TO ACT**  
**Warrenville Superannuation Fund (the Fund)**

**Superannuation Industry (Supervision) Act 1993 (the SIS Act)**

I, Peter Fitzalan:

1. consent to my appointment as trustee of the Fund;
2. declare that I am not disqualified from acting as trustee of the Fund. The *SIS Act* says that the following persons are disqualified from acting as a trustee of a superannuation fund. Persons:
  - a) who have prior convictions involving dishonest conduct, wherever or whenever such conviction may have occurred;
  - b) who are insolvent, bankrupt, or have entered into arrangements, assignments or compositions with creditors under any law of any State or country or if I had, I have since received a certificate of release;
  - c) in relation to whom a civil penalty order has been made under the *SIS Act*;
  - d) who have been disqualified under the *SIS Act*.
3. declare that I will notify the responsible authority under the *SIS Act* or any act or legislation replacing that Act if I should become a disqualified person.
4. declare that I am aware of my responsibilities under the Trust Deed having read and understood its contents, and also my responsibilities under the *SIS Act*.

  
.....

DATED 22 day of 5:08.....

# CONSENT TO ACT

## Warrenville Superannuation Fund (the Fund)

Superannuation Industry (Supervision) Act 1993 (the SIS Act)

I, Judith Bullock:

1. consent to my appointment as director, company secretary or an executive officer of the company acting as trustee of the Fund;

2. declare that I am not disqualified from acting as director, company secretary or an executive officer of the company acting as of the Fund. The SIS Act says that the following persons are disqualified from acting as a director, company secretary or an executive officer of the company acting as of a superannuation fund. Persons:

- a) who have prior convictions involving dishonest conduct, wherever or whenever such conviction may have occurred;
- b) who are insolvent, bankrupt, or have entered into arrangements, assignments or compositions with creditors under any law of any State or country or if I had, I have since received a certificate of release;
- c) in relation to whom a civil penalty order has been made under the SIS Act;
- d) who have been disqualified under the SIS Act.

3. declare that I will notify the responsible authority under the SIS Act or any act or legislation replacing that Act if I should become a disqualified person.

4. declare that I am aware of my responsibilities under the Trust Deed having read and understood its contents, and also my responsibilities under the SIS Act.

DATED ..... day of .....

*Judith M. Bullock*.....

Signed

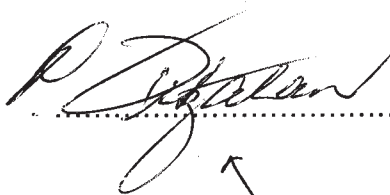
# CONSENT TO ACT

## Warrenville Superannuation Fund (the Fund)

### Superannuation Industry (Supervision) Act 1993 (the SIS Act)

I, Judith Bullock:

1. consent to my appointment as trustee of the Fund;
2. declare that I am not disqualified from acting as trustee of the Fund. The *SIS Act* says that the following persons are disqualified from acting as a trustee of a superannuation fund. Persons:
  - a) who have prior convictions involving dishonest conduct, wherever or whenever such conviction may have occurred;
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  - d) who have been disqualified under the *SIS Act*.
3. declare that I will notify the responsible authority under the *SIS Act* or any act or legislation replacing that Act if I should become a disqualified person.
4. declare that I am aware of my responsibilities under the Trust Deed having read and understood its contents, and also my responsibilities under the *SIS Act*.

  
.....

DATED ...22... day of 5:08.....

↑ Wrong signature

# DESIGNATED BENEFICIARY FORM

**Fund Name:** Warrenville Superannuation Fund

**Member Name:** Judith Bullock

**Date of Birth:** 12/07/1955

In accordance with the Rules of the Fund I nominate that the benefits from the Fund be paid to the following person(s) in the event of my death: -

FULL NAME OF BENEFICIARY	BENEFICIARY ADDRESS	RELATIONSHIP TO YOU	% OF BENEFIT	TOTAL \$ AMOUNT

**Signature:**

Judith M. Bullock

**Date:** \_\_\_\_\_

In accordance with the Regulations and the Rules of the Fund I hereby require the Trustee, on or after my death, to pay my benefit from the Fund to the persons nominated above in the shares indicated.

**Signature:**

Judith M. Bullock

**Date:** \_\_\_\_\_

This notice was signed by the above named member in my presence.

**Signature of witness:**

[Handwritten Signature]

**Date:** \_\_\_\_\_

# DESIGNATED BENEFICIARY FORM

**Fund Name:** Warrenville Superannuation Fund  
**Member Name:** Peter Fitzalan  
**Date of Birth:** 12/03/1939

In accordance with the Rules of the Fund I nominate that the benefits from the Fund be paid to the following person(s) in the event of my death: -

FULL NAME OF BENEFICIARY	BENEFICIARY ADDRESS	RELATIONSHIP TO YOU	% OF BENEFIT	TOTAL \$ AMOUNT

**Signature:** *Peter Fitzalan* **Date:** \_\_\_\_\_

In accordance with the Regulations and the Rules of the Fund I hereby require the Trustee, on or after my death, to pay my benefit from the Fund to the persons nominated above in the shares indicated.

**Signature:** *Peter Fitzalan* **Date:** \_\_\_\_\_

This notice was signed by the above named member in my presence.

**Signature of witness:** *Judith M. Bullock* **Date:** \_\_\_\_\_

**Important information about providing your tax file number (TFN) to the fund**

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**Under the *Superannuation Industry (Supervision) Act 1993*, the fund is required to request your TFN. Your TFN is confidential: you don't have to provide it.**

**What your TFN may be used for**

If you provide your TFN, it will be used for legal purposes only. The purposes for which your TFN may be used may change in the future. At present, they include:

- searching for other benefits that may exist for you in the fund;
- calculating reduced tax rates on eligible termination payments (ETPS) when benefits are paid;
- reporting payments to ATO for reasonable benefit limits (RBL) purposes;
- reporting contributions to ATO for contributions tax (surcharge) purposes which may not otherwise be subject to the surcharge;
- passing to other regulated superannuation fund, ADFs and RSAs if your benefits are rolled over. You may revoke this authority later in writing;
- passing on with other details if you become lost and your benefits are paid to the ATO as unclaimed money.

**What might happen if you don't provide your TFN**

If you do not provide your TFN, the following may happen:

- other benefits existing for you in the fund may be more difficult to locate and amalgamate;
- higher tax rates may apply to ETPs paid to you. (This may be recovered with lodgement of your next income tax return);
- your benefits may be subject to an extra 15% contribution tax (surcharge). This may be reclaimed on application to the ATO;
- your TFN will not be passed to other regulated superannuation funds, ADFs and RSAs if your benefits are rolled over;

your benefits may be more difficult to locate if benefits are paid to the ATO as unclaimed money.

To the trustees of the Warrenville Superannuation Fund

I have been informed of the reasons why my TFN is sought by the fund.

My TFN is 256554654

Date:

Signed:

  
Peter Fitzalan

### **Important information about providing your tax file number (TFN) to the fund**

---

**Under the *Superannuation Industry (Supervision) Act 1993*, the fund is required to request your TFN. Your TFN is confidential: you don't have to provide it.**

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- your benefits may be subject to an extra 15% contribution tax (surcharge). This may be reclaimed on application to the ATO;
- your TFN will not be passed to other regulated superannuation funds, ADFs and RSAs if your benefits are rolled over;

your benefits may be more difficult to locate if benefits are paid to the ATO as unclaimed money.

To the trustees of the Warrenville Superannuation Fund

I have been informed of the reasons why my TFN is sought by the fund.

My TFN is 210743236

Date: \_\_\_\_\_

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

*Judith M. Bullock*

Judith Bullock

## Application to become a Member

This Application Form contains your Death Benefit Nomination and undertakings which must be made by you. It is also accompanied by the Product Disclosure Statement relevant to the fund contained in Annexure A.

### Part 1 Application and undertakings

- I apply to become an initial member of this fund under the trust deed.
- I make each of the following undertakings:
  - I am not in an employment relationship with another member.
  - I am not disqualified under superannuation law from being a trustee of the fund.
  - I will comply with the trust deed.
  - Upon request, I will fully disclose in writing any information required by the trustee in respect of the Applicant's my membership of the fund. This includes disclosing:
    - Any circumstance which may lead to my entering into an employment relationship with any other member of the fund who is not also a relative of mine.
    - That I may become disqualified under superannuation law from being a trustee of the fund.
    - Any information in relation to my medical condition.
- I will act as a trustee of the fund.
- I understand the trust deed, particularly its terms concerning the benefits payable under it.
- I understand the trust deed, particularly its terms concerning the benefits payable under it, and I have read and understood the attached Product Disclosure Statement, annexed and marked 'A'.
- I have read and understand the prescribed information relating to the collection of Tax File Numbers by the trustees of superannuation funds.

I attach a completed ATO Individual Tax File Number Notification form.

Applicant name	Judith Bullock
Applicant address	98 St Georges Terrace, Dubbo NSW 2830,
Applicant occupation	
Date of birth	12 July 1955
Applicant place of birth	



**Part 2 Death benefit: beneficiary nomination**

This is a binding death benefit notice. By completing and signing it you are requiring the trustee to provide any benefit payable on or after the Applicant's death to the person or persons you mentioned in this notice, being one or more of the Applicant's dependants or the Applicant's legal personal representative.

I direct the trustees that the person named in the following table is to receive the proportions specified in that table of the benefit that is payable if I die.

Person	Relationship to member	Proportion of death benefit
		%

(Please note that this beneficiary direction is valid for only 3 years.)

Date: \_\_\_\_\_ Signed by the applicant: Judith M. Bullock  
Judith Bullock

The following persons declare that:

- they are 18 years of age or older;
- they are not persons otherwise mentioned in this notice; and
- this form was signed by or on behalf of the member in their presence.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness name: \_\_\_\_\_

Witness name: \_\_\_\_\_

## Application to become a Member

This Application Form contains your Death Benefit Nomination and undertakings which must be made by you. It is also accompanied by the Product Disclosure Statement relevant to the fund contained in Annexure A.

### Part 1 Application and undertakings

- I apply to become an initial member of this fund under the trust deed.
- I make each of the following undertakings:
  - I am not in an employment relationship with another member.
  - I am not a disqualified under superannuation law from being a trustee of the fund.
  - I will comply with the trust deed.
  - Upon request, I will fully disclose in writing any information required by the trustee in respect of the Applicant's my membership of the fund. This includes disclosing:
    - Any circumstance which may lead to my entering into an employment relationship with any other member of the fund who is not also a relative of mine.
    - That I may become disqualified under superannuation law from being a trustee of the fund.
    - Any information in relation to my medical condition.
- I will act as a trustee of the fund.
- I understand the trust deed, particularly its terms concerning the benefits payable under it.
- I understand the trust deed, particularly its terms concerning the benefits payable under it, and I have read and understood the attached Product Disclosure Statement, annexed and marked 'A'.
- I have read and understand the prescribed information relating to the collection of Tax File Numbers by the trustees of superannuation funds.

I attach a completed ATO Individual Tax File Number Notification form.

Applicant name	Peter Bruce Fitzalan
Applicant address	98 St Georges Terrace, Dubbo NSW 2830,
Applicant occupation	
Date of birth	12 March 1939
Applicant place of birth	

**Part 2 Death benefit: beneficiary nomination**

This is a binding death benefit notice. By completing and signing it you are requiring the trustee to provide any benefit payable on or after the Applicant's death to the person or persons you mentioned in this notice, being one or more of the Applicant's dependants or the Applicant's legal personal representative.

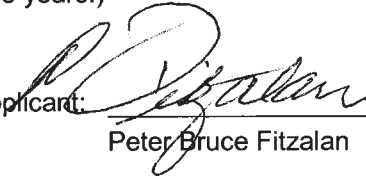
I direct the trustees that the person named in the following table is to receive the proportions specified in that table of the benefit that is payable if I die.

Person	Relationship to member	Proportion of death benefit
		%

(Please note that this beneficiary direction is valid for only 3 years.)

Date: \_\_\_\_\_

Signed by the applicant: \_\_\_\_\_



Peter Bruce Fitzalan

The following persons declare that:

- they are 18 years of age or older;
- they are not persons otherwise mentioned in this notice; and
- this form was signed by or on behalf of the member in their presence.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness name: \_\_\_\_\_

Witness name: \_\_\_\_\_

## Warrenville Superannuation Fund

### Individual Trustee's Declarations

I make the following declarations:

- I have not been 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.
- I have not had a civil penalty order made against me under the *Superannuation Industry (Supervision) Act 1993*.
- I am not an insolvent under administration.
- I have not been disqualified under section 120A of the *Superannuation Industry (Supervision) Act 1993*.

Date: \_\_\_\_\_

Signed: Judith M. Bullock.  
Judith Bullock  
**Trustee**

**Warrenville Superannuation Fund**

**Consent to Appointment as Trustee**

I consent to being appointed a trustee of the Warrenville Superannuation Fund .

Date: \_\_\_\_\_

Signed:  \_\_\_\_\_  
Peter Bruce Fitzalan

## Warrenville Superannuation Fund

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I make the following declarations:

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- I am not an insolvent under administration.
- I have not been disqualified under section 120A of the *Superannuation Industry (Supervision) Act 1993*.

Date: \_\_\_\_\_

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

  
Peter Bruce Fitzalan

**Trustee**

**Warrenville Superannuation Fund**

**Consent to Appointment as Trustee**

I consent to being appointed a trustee of the Warrenville Superannuation Fund .

Date: \_\_\_\_\_

Signed: Judith M. Bullock  
Judith Bullock

# Warrenville Superannuation Fund

## Important information about providing your tax file number (TFN) to the fund

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### What might happen if you don't provide your TFN

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**Provision of member's tax file number to regulated  
superannuation fund**

To the trustees of the Warrenville Superannuation Fund .

I have been informed of the reasons why my TFN is sought by the fund.

My TFN is 210743236.

Date: \_\_\_\_\_

Signed: Judith M. Bullock.  
Judith Bullock

# Warrenville Superannuation Fund

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Peter Bruce Fitzalan