HOLMES INVESTMENTS SUPER FUND

APPLICATION FOR MEMBERSHIP

Full N	ame:
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Nathan Leslie Holmes

Address:

5 Sonoma Court

Cashmere Qld 4500

Date of Birth: 24/12/1968

I make application to become a member of the Holmes Investments 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: $\underline{1}$ $\underline{5}$ $\underline{8}$ $\underline{6}$ $\underline{3}$ $\underline{1}$ $\underline{4}$ $\underline{6}$ $\underline{1}$ and I hereby authorise the trustees to use this tax file number.

NOMINATION OF BENEFICIARIES (Non Binding)

Name and Address

Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I hereby nominate the following persons to receive the benefit payable by the Trustees of the fund in the event of my death:

Relationship

to member

Proportion

of benefit

%

	to member	of belieft	
NENDY FAITH HOLMES			
5 SONOMA COURT CASHAMERE QLD 4500	WIFE	100	%

Dated this 4th day of August 2015

Signature of Applicant: Mobileres

BINDING DEATH BENEFIT NOMINATION

To the Trustees of the Holmes Investments Super Fund				
Ĩ	Nathan Leslie Holmes,			
of	5 Sonoma Court Cashmere Qld 4500			
	member of the ab e proportions as s	ove fund, direct you to p hown:	pay my death benefit to	the following persons
Nam	e of Beneficiary	Relationship to Me	Percentage of Benefit	Transfer via Lump Sum or Pension
WER	DDY HOLIMES	WIFE	100%	LUMP SUM
	20 0000 10 000000 100000 1000			

my d		ominated above predece would have been payab wn:		
my de the p	eath benefit that	would have been payab		
my de the p	eath benefit that roportions as sho	would have been payab wn:	le to that person to the Percentage of	following persons in Transfer via Lump
my dethe p	eath benefit that roportions as sho	would have been payab wn:	le to that person to the Percentage of	following persons in Transfer via Lump
my dethe p	eath benefit that roportions as sho e of Beneficiary	would have been payab wn: Relationship to Me	le to that person to the Percentage of Benefit	following persons in Transfer via Lump Sum or Pension
my dethe p	eath benefit that roportions as sho e of Beneficiary	would have been payaboun: Relationship to Me	Percentage of Benefit	following persons in Transfer via Lump Sum or Pension
my dethe p	eath benefit that roportions as sho e of Beneficiary	would have been payaboun: Relationship to Me	Percentage of Benefit	following persons in Transfer via Lump Sum or Pension
my dethe p	eath benefit that roportions as sho e of Beneficiary	would have been payaboun: Relationship to Me	Percentage of Benefit	following persons in Transfer via Lump Sum or Pension
my dethe p	eath benefit that roportions as sho e of Beneficiary	would have been payaboun: Relationship to Me	Percentage of Benefit	following persons in Transfer via Lump Sum or Pension

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: '3/3/13

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.

		Reflay.
Name:	AATALE LOUSTKING	Name: Wheever town time
	12/0/ 5	8
Date:	istoli2	Date: 13.08.20/5.

DECLARATION BY TRUSTEE

<u>UNDER SECTION 118 OF THE</u> SUPERANNUATION INDUSTRY (SUPERVISION) ACT 1993

- I, Nathan Leslie Holmes
- of 5 Sonoma Court Cashmere Old 4500

HEREBY DECLARE that I am not a disqualified person as defined by SIS and am therefore not disqualified from acting as a trustee 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 Trustee of Holmes Investments Super Fund

constituted on 04/08/15

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

dated: 04/08/15

signed: \ Nell Bolones

* 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 TRUSTEE

<u>UNDER SECTION 118 OF THE</u> <u>SUPERANNUATION INDUSTRY (SUPERVISION) ACT 1993</u>

- I, Wendy Faith Holmes
- of 5 Sonoma Court Cashmere Qld 4500

HEREBY DECLARE that I am not a disqualified person as defined by SIS and am therefore not disqualified from acting as a trustee 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 Trustee of Holmes Investments Super Fund

constituted on 04/08/15

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

13/W/# . dated: 04/08/15

signed: X MAHolmes

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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.

DISCLOSURE STATEMENT

I, Nathan Leslie Holmes of 5 Sonoma Court, Cashmere Qld 4500 hereby acknowledge and declare as follows:

- 1. I am an initial Member of the Holmes Investments Super Fund (the Fund). I am also a trustee of the Fund.
- 2. I have not been induced to become a Member and Trustee of the Fund as a result of any representation or statement made by any Members or Trustees of the fund or any other person.
- 3. I have decided to become a Member and Trustee of the Fund based solely upon my own investigation and inquiries.
- 4. Having considered the financial strategy, responsibilities, risks, possible gains and benefits, costs of entry and administration, the rules of the Fund and taxation matters, I am satisfied that it is appropriate for me to invest in and become a Member and Trustee of the Fund.
- 5. I have had and will have access to all documents relating to the Fund including:
 - a. source documents (investments confirmations, invoices and receipts);
 - b. banking records;
 - c. financial strategies;
 - d. financial reports and taxation records;
 - e. minutes of meetings and resolutions of trustees;
 - f. Trust Deed and trust register;
 - g. incoming and outgoing correspondence
- 6. I am aware that investing money on behalf of myself and others carries significant risks of loss and that the Trustees of the Fund are not professional investors or experts in that field.
- 7. I have had the opportunity to seek independent financial, legal and taxation advice before making my decision to establish and invest in the Fund.

Melmes
Nathan Leslie Holmes
Date: 04/08/15

PRODUCT DISCLOSURE STATEMENT COVERSHEET

HOLMES INVESTMENTS SUPER FUND

Member Nan	me: NATHAN LESLIE HOLMES
Member Add	lress: 5 SONOMA COURT CASHMERE Q 4500
Notice Date:	4/8/15
1	and understood this Product Disclosure Statement prior to signing my Application and/or Member's Consent to Amendment of Deed:-
	* McGolones
Signature:	* 1 Morolphes
Name:	NATION HOLDICS
Date:	4/8/15

Please ensure that the following document is attached to this coversheet:-

Product Disclosure Statement comprising 5 pages

Holmes Investments Super Fund

To whom it may concern

Trustee Certificate of Compliance —

(This is not the "Notice of Compliance" that the Australian Taxation Office provides)

This Trustee's Certificate of Compliance is to be used when the member "rolls over" (transfers) benefits from another fund to the Holmes Investments Super Fund.

The Trustee(s) of the Fund certify/ies that the Fund:

- 1 Is a regulated superannuation fund under the Superannuation Industry (Supervision Act) 1993 (SIS Act).
- 2 Is a complying superannuation fund within the meaning of section 42A of the SIS Act.
- 3 Is not subject to a direction under Section 63 of the SIS Act and is therefore able to accept employer contributions.
- Is empowered by the Fund's trust deed to receive rolled over or transferred benefits.
- Has received consent to the rollover from the relevant member, as set out below, in accordance with r6.28(i)(b) of the *Superannuation Industry (Supervision) Regulations* 1994.

Signed for and on behalf of the Trustee(s):

Signature of Trustee:	X Molmes	Mtholma
Name:	NATHAN HOLMO	3 WENDY HOLMES
Date:	4/8/15	
Member's Consent to	the "rollover"	
W1	nefits into the Holmes Inves	(member name), by signing this form, consent tments Super Fund.
Signature of Member:	Malnes	
Date:	4/8/15	