MINUTES OF MEETING OF TRUSTEES

OF: ALPHA BIT SUPER FUND

HELD AT: UNIT 802
6 OXLEY AVENUE
WOODY POINT QLD 4019

ON: 10 / 11 / 15

PRESENT: FRANK HERBERT SCHUFFELEN
GILLIAN MARY SCHUFFELEN

QUORUM: It was noted that, as a quorum was present, the meeting could proceed to business.

NOTICE OF MEETING: It was noted that, as all relevant parties were in attendance and consented to the meeting being held, any requirement for any specified period of notice of the meeting was waived. It was unanimously resolved that the meeting was validly constituted.

CHAIRMAN: It was resolved that FRANK HERBERT SCHUFFELEN be elected to act as Chairman of the meeting.

BUSINESS: The Superannuation Fund Trust Deed establishing:

ALPHA BIT SUPER FUND

("the Fund") was tabled and was resolved that the Trustee/s:

1. accept the trusteeship of the Fund;
2. agree to administer the Fund in accordance with the terms and conditions set out in the Trust Deed; and
3. state that they are not disqualified persons for the purposes of the *Superannuation Industry (Supervision) Act 1993.*

EXECUTION OF TRUST DEEDS: It was resolved that the Trustee/s execute the Superannuation Fund Trust Deeds as tabled before the meeting.

BANKING ACCOUNT: It was further resolved that the Trustee/s establish a bank account for the Fund.

ACCEPTANCE OF MEMBERS: Application/s for Membership were received from:

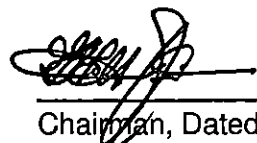FRANK HERBERT SCHUFFELEN
GILLIAN MARY SCHUFFELEN

RESOLVED: It was resolve to accept the Application/s for Membership and that the applicant/s be entered into a Register of Members and notified accordingly.

CLOSURE OF MEETING: There being no further business, the meeting was declared closed.

Signed as a correct record

10/11/15

Chairman, Dated

REGISTER OF MEMBERS
ALPHA BIT SUPER FUND

Member Name:	FRANK HERBERT SCHUFFELEN
Address:	UNIT 802 6 OXLEY AVENUE WOODY POINT QLD 4019
Date of Joining:	10 / 11 / 15
Acceptance Date:	/ /
Exit Date:	/ /

Member Name:	GILLIAN MARY SCHUFFELEN
Address:	UNIT 802 6 OXLEY AVENUE WOODY POINT QLD 4019
Date of Joining:	10 / 11 / 15
Acceptance Date:	/ /
Exit Date:	/ /

Member Name:	
Address:	
Date of Joining:	/ /
Acceptance Date:	/ /
Exit Date:	/ /

Member Name:	
Address:	
Date of Joining:	/ /
Acceptance Date:	/ /
Exit Date:	/ /

Member Name:	
Address:	
Date of Joining:	/ /
Acceptance Date:	/ /
Exit Date:	/ /

APPLICATION FOR MEMBERSHIP

To the Trustees,

ALPHA BIT SUPER FUND
UNIT 802
6 OXLEY AVENUE
WOODY POINT QLD 4019

I, FRANK HERBERT SCHUFFELEN apply for admission to membership of the Fund and undertake as follows:

(i)   I will be bound by the Trust Deed governing the Fund as it is presently constituted or as it may be varied from time to time;

(ii) I understand the terms and conditions of the Trust Deed including benefits payable to Members and understand my rights and the rights of my dependants pursuant to the Trust Deed.

My personal details and those of my employer/s are attached to this application. I acknowledge that the discretion vested in you as to the application of benefits in circumstances where I cannot receive them myself is an absolute, free and unfettered discretion, but I express the wish that in the exercise of that discretion you give consideration to paying any such benefits to the following person, in the following proportions:

Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	Proportion of Benefits

● I understand that the Trustee is required to request that I provide my Tax File Number for the purposes of Section 299F of the *Superannuation Industry (Supervision) Act 1993*. I further understand that I am under no obligation to supply this number, but that should I fail to do so, tax may be deducted from my account at the top marginal rate.

My Tax File Number is: *324* - *732* - *134*

Dated: *10 / 11 / 15*

Signature: _____

              FRANK HERBERT SCHUFFELEN

EMPLOYEE'S PERSONAL & EMPLOYMENT DETAILS

Member's Full Name: FRANK HERBERT SCHUFFELEN

Address: UNIT 802
                        6 OXLEY AVENUE
                        WOODY POINT QLD 4019

Date of Birth: 14/09/1945

Salary: $_____

Full Name of Employer: _____

Employer's Address: _____

Date Employment Commenced: /   /