
PARTIES

Peter Ryan and Alison Jamieson
(Trustee)

FUND REGISTER

RYAN JAMIESON SUPERANNUATION FUND

Hillhouse
Burrough McKeown

Lawyers

Level 27
Riverside Centre
123 Eagle Street
Brisbane Qld 4000
Australia

Tel: (07) 3220 1144
Fax: (07) 3220 3434
Email: email@hbmc.com.au

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RYAN JAMIESON SUPERANNUATION FUND

NOTICE OF CONSENT TO ACT AS TRUSTEE

We, **PETER RYAN** and **ALISON JAMIESON** hereby consent to act as Trustee of **RYAN JAMIESON SUPERANNUATION FUND** and confirm that we:

- have not been convicted of an offence in respect of dishonest conduct in Australia or overseas at any time;
- have not been the subject of any civil penalty order under the *Superannuation Industry (Supervision) Act 1993*;
- are not undischarged bankrupts.

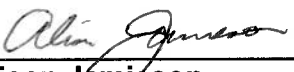
AND further acknowledge that we:

- must not act as Trustee of **RYAN JAMIESON SUPERANNUATION FUND** if unable to declare all of the above statements; and
- must immediately notify the appropriate authority in writing if at any time any of the above statements cease to apply.

DATED this 21st day of NOVEMBER 2002.



Peter Ryan



Alison Jamieson

MINUTES of a Meeting of Trustees of RYAN JAMIESON SUPERANNUATION FUND.

Date Held:

21/11/ 2002

Present:

Peter Ryan
Alison Jamieson

Acceptance of Position as Trustee of Superannuation Fund:

The Chairman informed the meeting that they had been invited to act as Trustee of **Ryan Jamieson Superannuation Fund** for certain persons and tabled a Trust Deed which was intended to govern the operation of the Fund.

It was understood that the governing rules to the Fund would satisfy the requirements of Superannuation Law and would allow the Fund to be a regulated Superannuation Fund thereby enjoying the concessional taxation treatment available to such funds.

The Chairman also tabled a Form of Consent to Act as Trustee.

RESOLVED to accept the responsibilities of Trustee in accordance with the governing rules tabled and to forthwith execute the Form of Consent to Act as Trustee and the Trust Deed creating the Fund.

Closure:

There being no further business, the Meeting was declared closed.

SIGNED as a correct record:



Chairman

RYAN JAMIESON SUPERANNUATION FUND

CONFIDENTIAL

APPLICATION FOR MEMBERSHIP

To: The Trustee of RYAN JAMIESON SUPERANNUATION FUND

re: **Membership**

I, the undersigned person, being eligible **hereby apply** for admission to membership of the Fund.

I agree and undertake as follows:

1. I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
2. I will upon request make a full disclosure in writing of any information required by the Trustee in respect of my membership of the Fund including my medical condition.
3. I understand the terms and conditions of the Trust Deed and more particularly the terms and conditions of the Deed concerning benefits payable.
4. I agree to the Trustee acting as Trustee of the Fund.

DATED this 21st day of NOVEMBER 2002.

Name: **ALISON JAMIESON**



Signature

Address: 127 Upper Brookfield Road, Brookfield Qld 4069

Membership: "A"

Date of Birth: 05/05/1962

Occupation: Doctor

NOMINATED DEPENDANT(S)

I nominate the undermentioned person/s as my nominated dependants:

Name(s)	Relationship	% of Total Benefit
Peter Ryan	Husband	100%

RYAN JAMIESON SUPERANNUATION FUND

CONFIDENTIAL

APPLICATION FOR MEMBERSHIP

To: The Trustee of RYAN JAMIESON SUPERANNUATION FUND

re: **Membership**

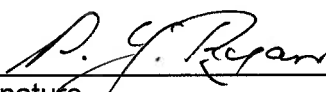
I, the undersigned person, being eligible **hereby apply** for admission to membership of the Fund.

I agree and undertake as follows:

1. I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
2. I will upon request make a full disclosure in writing of any information required by the Trustee in respect of my membership of the Fund including my medical condition.
3. I understand the terms and conditions of the Trust Deed and more particularly the terms and conditions of the Deed concerning benefits payable.
4. I agree to the Trustee acting as Trustee of the Fund.

DATED this 21st day of NOVEMBER 2002.

Name: PETER RYAN


Signature

Address: 127 Upper Brookfield Road, Brookfield Qld 4069

Membership: "B"

Date of Birth: 28/12/1955

Occupation: Management Consultant

NOMINATED DEPENDANT(S)

I nominate the undermentioned person/s as my nominated dependants:

Name(s)	Relationship	% of Total Benefit
Alison Jamieson	Wife	100%

RYAN JAMIESON SUPERANNUATION FUND

TRUSTEE RESOLUTION – NOMINATION OF MEMBERSHIP

We, the undersigned, **PETER RYAN** and **ALISON JAMIESON** being Trustee of the above Fund
DO HEREBY RESOLVE as follows:

**Superannuation Fund
Membership:**

That the Trustee invite the undermentioned persons to become New Members of **Ryan Jamieson Superannuation Fund** administered by the Trustee on the basis that the persons invited are gainfully employed and that those persons be requested to complete Applications for Membership to join the Fund.

Notice to Members:

That each new Member of the Fund be given a written Notice to New Members (if this has not already been provided) with the Application for Membership, setting out the details of benefits and conditions relating to those benefits together with the method of determination of Member entitlements as set out in the Trust Deed of the Fund, together with all other information concerning the Fund which the Trustee may consider relevant or which the Member may reasonably require.

FURTHER RESOLVED that such information be provided in accordance with the requirements of the standards prescribed for the operation of complying superannuation funds.

Person/s: **ALISON JAMIESON**
PETER RYAN

DATED this 21st day of NOVEMBER 2002.


Peter Ryan


Alison Jamieson

RYAN JAMIESON SUPERANNUATION FUND

TRUSTEE RESOLUTION – ADMISSION OF MEMBERS

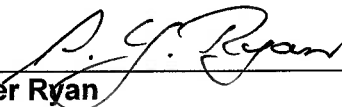
We, the undersigned, **PETER RYAN** and **ALISON JAMIESON** being Trustee of the above Fund
DO HEREBY RESOLVE as follows:

Membership of Fund:

That following an invitation being issued to eligible persons to join the Fund, and receipt of completed Applications for Membership from the undermentioned persons, the Trustee admit the undermentioned persons to membership of the Fund such membership to commence as at today's date.

Member's Name and Address	Class of Share
ALISON JAMIESON, 127 Upper Brookfield Road, Brookfield Qld 4069	A
PETER RYAN, 127 Upper Brookfield Road, Brookfield Qld 4069	B

DATED this 21st day of NOVEMBER 2002.


Peter Ryan


Alison Jamieson

RYAN JAMIESON SUPERANNUATION FUND

NOTICE TO NEW MEMBER

Pursuant to the requirements of Division 2.3 of the Superannuation Industry (Supervision) Regulations

Dear New Member,

re: Membership of Ryan Jamieson Superannuation Fund

1. TRUST DEED

You have applied to become a Member of the above Superannuation Fund which is governed by a Trust Deed, the provisions of which are available for inspection at any time from the Trustee at the address referred to in Clause 11 below.

The Fund is established as a complying Superannuation Fund the income of which is taxed at a concessional rate pursuant to the provisions of the *Income Tax Assessment Act* and within the meaning of Section 42(1) of the *Superannuation Industry (Supervision) Act 1993* ("SIS"). The Trust Deed for the Fund sets out all the terms and conditions upon which the Trustee administers the Fund, and in the event of any question of interpretation arising, the provisions of the Trust Deed will prevail.

The Fund will be operated as a regulated superannuation fund in accordance with the requirements of SIS and the SIS Regulations.

2. CONTRIBUTIONS

Both you and your employer are entitled to make contributions to the Fund.

Advice on the maximum amount of deductible contributions applicable from time to time can be advised to you by the Trustee.

Contributions made to the Fund can be less than the maximum deductible contributions. When contributions are made, they will be credited to the relevant Contribution Account.

The Fund is conducted as an allocated accumulation fund which means that the total amount of your Contribution Accounts will ultimately form the basis of your benefit entitlement in the Fund.

3. MEMBERSHIP CLASSIFICATION

There are four classes of Membership of the Fund.

If you are a self-employed person, you will be admitted as an "A" class member.

If your employer is expected to make contributions for you, you will be admitted as a "B" class member.

If you do not qualify as either an "A" or "B" class member and you have indicated an intention on the part of your spouse to make contributions on your behalf, you will be admitted as a "C" class member.

If contributions have been made but not yet allocated to a specific member, then you may also become a "D" class member in addition to your other classification.

Your membership classification will only change if you make an application for change to the Trustee and the Trustee make a nomination to that effect. Any such change in membership class will not reduce any vested benefits which are accrued at the time of the change. You will remain a Member of your original class unless the Trustee nominates otherwise and you consent in writing to the Trustee's nomination.

4. PAYMENT OF BENEFITS

Your benefit entitlement in the Fund will be represented by the total amount held in your Contribution Accounts as at one of the Events referred to below.

Your Accumulation Credit at any such date will be made up of all contributions and rollover payments credited to your Contribution Accounts together with income on those amounts, less your share of all expenses and taxation referable to your entitlement in the Fund.

Benefits are payable as follows:

(a) Retirement at Normal Retirement Age

A member is entitled to a pension benefit on retirement from Gainful Employment if self-employed, or on retirement from employment if an employee, which will be provided in the form of a pension for life as required by legislation unless the Member elects to have benefits paid as a lump sum. The pension would normally be provided by the Trustee purchasing an annuity in the name of the Member with an amount equal to the Member's Accumulation Credit.

A Member may however elect to commute part or all of the pension benefit to a lump sum prior to payment commencing. The lump sum benefit on commutation of the whole pension would be an amount equal to the Member's Accumulation Credit at the date of payment.

(b) Total and Permanent Disablement

The Benefits payable in respect of Total and Permanent Disablement are the same as those payable under paragraph 4(a) above. The benefit will include the amount, (if any) received by the Trustee from any policy of assurance effected in relation to a Member which is received as a result of the Total and Permanent Disablement of the Member.

(c) Temporary Total Disablement

If the Trustee has taken out a policy of insurance and you qualify as being disabled within the meaning of that policy then you will be entitled to the amount payable under that policy as an income benefit.

(d) Early Retirement from Employment

The benefits payable on retirement from employment in circumstances other than as a result of retirement at normal retirement age, death or total and permanent disablement as outlined above are as follows (subject to the preservation requirements referred to in Clause 6 below):

- (i) An "A" Class Member is entitled to a lump sum payment of the total of the Member's Accumulated Credit.
- (ii) A "B" Class Member is entitled to a lump sum payment of the total of the Member's Accumulated Credit.

(e) Death

In the event of the death of the Member the Trustee shall pay to the Dependents of the Member the full amount standing to the credit of the Member's Contribution Accounts as a lump sum and/or pension.

This will include any amount received by the Trustee under an insurance policy (if any) as a result of the death of the Member.

5. COMMUTATION TO A LIFETIME PENSION

Any Member of the Fund who is entitled to a lump sum Benefit may apply to the Trustee to receive their benefit by way of a pension or an allocated pension instead of a lump sum benefit.

Certain rules apply to the payment of an allocated pension, including limiting the minimum and maximum pension payment which may be made on an annual basis. Such alternatives should be discussed with the Trustee prior to a Member exercising this election.

6. PRESERVED BENEFITS

The Government requires preservation of certain benefits until a Member retires from the workforce on or after the age of 55 years or in such other circumstances as are provided by legislation or are acceptable to APRA.

Any preserved benefit which is not able to be paid to the Member can be rolled over until retirement from the workforce on or after age 55 years.

7. TAX ON PAYMENTS

Where a Member of the Fund becomes eligible to receive a benefit, the Trustee is required to deduct tax from some components of the payments made to the Member.

8. GENERAL FUND INFORMATION

(a) Investments

The Trustee will establish an investment strategy in relation to the investment of the Fund's assets.

(b) Loans

No part of the Fund assets are available for or to provide financial assistance to Members. Nor is it possible for any entitlement from the Fund to be used as security for a borrowing from another source.

(c) Medical Evidence

Medical evidence may be required from you as part of the assessment for any disablement claim.

(d) Deed Variation

The Trust Deed contains a provision for the Trustee to effect a variation to the Trust Deed.

No variation which is undertaken can reduce the accrued benefits of the Member without the consent of that member except in circumstances where the reduction is required to enable the Fund to continue to comply with APRA requirements, or any Member affected consents to the reduction or APRA consents to the reduction.

(e) Forfeiture

The Trust Deed provides that in certain circumstances such as financial incapacity or misconduct, your rights to an entitlement under the Fund may be forfeited or reduced.

The Trustee may in some circumstances choose to pay a benefit to your Dependants. The *Bankruptcy Act* affords protection of certain benefits.

(f) Fund Expenses, Fees and Other Charges

Administration expenses and other costs of the operation of the Fund are debited to Member's Contribution Accounts in accordance with sub-clauses 9.4(a) and 9.4(b) of the Rules.

The following expenses, fees and charges will be deducted from each Member's Contribution Account:

- (i) the costs of any policy of insurance or annuity effected by the Trustee;
- (ii) any taxation payable on contributions, investment earnings or other Fund income or benefits payments;
- (iii) other costs, charges and expenses incurred by the Trustee in the administration of the Fund such as the costs of preparing and lodging APRA and Taxation Returns;
- (iv) the Member's share of any investment loss incurred by the Fund;
- (v) any amounts required to be paid to indemnify the Trustee for the costs incurred in the administration of the Fund, such as out-of-pocket expenses.

Expenses, fees and other charges are debited on an annual basis equitably amongst Members in such proportions as reflect their entitlements in the Fund, having regard to any special circumstances that affect one Member more than others, such as specific investments or investment portfolios.

Tax payable is deducted at the time of receipt of contributions and payment of benefits. Tax on investment income is deducted each year, and an allowance for tax is made on an annual basis when updating the Member's Contribution Accounts.

(g) Annual Report to Members

The Trustee issues an annual report to Members advising Members of their current entitlement in the Fund and on the investments and financial direction of the Fund. A copy of the latest annual report (if any) and all notices in relation to it are enclosed.

9. INQUIRIES, COMPLAINTS AND DISPUTES

(Not relevant if self managed fund)

The Trustee has made internal arrangements for dealing with inquiries, complaints or disputes from Members and Beneficiaries under the Fund in relation to the operation or management of the Fund.

A register of enquires, complaints and disputes relating to decisions, acts or omissions of the Trustee and which specifically affect a Member or former member or beneficiaries will be maintained for this purpose. Other inquiries or complaints which raise matters of general policy or practices of the Trustee will not be recorded on the register, but will be considered in the usual manner by the Trustee.

All inquiries, complaints or disputes will be dealt with within 90 days of receipt. Inquiries, complaints and disputes should be made in writing to the Trustee.

10. SUPERANNUATION COMPLAINTS TRIBUNAL

(Not relevant if self managed fund)

A Superannuation Complaints Tribunal has been established to conciliate and, in appropriate cases, to review certain complaints and disputes which are not resolved by the Fund's internal enquiries, complaints and disputes arrangements to the satisfaction of the Member.

11. CONTACT DETAILS

Inquiries regarding your benefit entitlements in the Fund should be directed to the Trustee at the following address:

Name of Fund	Ryan Jamieson Superannuation Fund
Address:	C/- PKF, GPO Box 1078, Brisbane Qld 4001
Contact Person:	Carol Hull
Telephone:	(07) 3226 3555
Facsimile:	(07) 3226 3500

12. AVAILABILITY OF FURTHER INFORMATION

Other fund information is available upon request. Please refer to Clause 11 for relevant contact details.

DATED this _____ day of _____ 2002.

Peter Ryan

Alison Jamieson

Contact details – continued

12 Who is the authorised contact person for the fund or trust? Provide details of a person who may be contacted for further information. This can be you or a person authorised by the fund or trust to make changes on its behalf.

Title (Mr, Mrs, Miss, Ms or other title)

MS

Family name

HULL

Preferred name

CAROL

Position held

If you have nominated a tax agent as the contact, please provide the tax agent's registration number

Business hours phone number

07 32263555

Mobile phone number

After hours phone number

Fax number

07 32263500

E-mail address (Please use BLOCK LETTERS)

Preferred language, if other than English. We may not be able to speak to you in your preferred language at all times.

Fund or trust activity details

13 On what date did the fund or trust come into existence?

/ /

14 Does the fund or trust have more than one business location in Australia?

Yes

No Go to question 16

15 In which State or Territory does the fund or trust have a business location? (Place an in all boxes that apply)

All

Queensland

Tasmania

New South Wales

Western Australia

Northern Territory

Victoria

South Australia

Australian Capital Territory

16 Is the fund or trust owned or controlled by Commonwealth, State, Territory or Local Government?

Yes

No

Taxation information

17 What are the financial institution account details of the fund or trust for ATO refunds?

Refunds will be paid directly into a recognised financial institution account.

BSB code

Account number

Account name

18 Is the fund or trust required to register for goods and services tax (GST)?

See Part 3 of the *Guide to Registering for The New Tax System* for more information.

Yes

Go to question 20

No

19 If the fund or trust is not required to register for GST, does it want to apply for voluntary registration?

Yes

No

Superannuation funds go to question 28

Pooled superannuation trusts and approved deposits funds go to the Declaration

Goods and services tax

20 On what date did, or will, the fund or trust become eligible to claim input tax credits?

/ /

See *Guide to Registering for The New Tax System* for an explanation of 'input tax credits'.

21 What is the annual turnover of the fund or trust?

\$0 to \$49 999

\$50 000 to \$99 999

\$100 000 to \$1 million

\$1 000 001 to \$19 999 999

\$20 million and over

Please make sure there is an e-mail address at question 9.

22 If the annual turnover of the fund or trust is less than \$20 million, do you want to lodge its Business Activity Statement monthly?

Yes

No

(See instructions for more information)

23 How will the fund or trust account for GST?

Cash

Accruals

24 Does the fund or trust provide goods or services to business?

Yes

What percentage of its sales are to business?
(Work this out on value not volume)

%

No

25 Does the fund or trust provide goods or services using the internet?

Yes

What percentage of its sales are made using the internet?
(Work this out on value not volume)

%

No

Go to question 26

If the answer to this question is Yes, what is the internet or website address?
Print it exactly as it appears on the website, using UPPER or lower case.

26 Does the fund or trust import goods or services?

Yes

What is its Customs owner code?

No

27 Does the fund or trust export goods or services?

Yes

No

Superannuation funds — Go to the Notice of Election (question 28) and then to the Declaration.

Pooled superannuation trusts and approved deposit funds — Go to the Declaration.

Notice of election for superannuation funds

28 The notice of election is only required to be made for **superannuation funds** electing to be regulated under the *Superannuation Industry (Supervision) Act 1993*. Approved deposit funds, pooled superannuation trusts and superannuation funds which do not wish to be regulated are only required to complete the Declaration in the next section.

Place an in one or both boxes (as appropriate):

The governing rules provide that the sole or primary purpose of the fund is the provision of old age pensions (pensions power) and/or

The fund trustee is a constitutional corporation pursuant to a requirement contained in the governing rules (corporations power)

I/We, the trustee(s) or director(s) or secretary of the corporate trustee of (insert full name of fund as shown on the trust deed)

RYAN JAMIESON SUPERANNUATION FUND.

elect that the *Superannuation Industry (Supervision) Act 1993* is to apply in relation to the superannuation fund, and understand that the election is irrevocable.

Pensions power only – (Attach additional page(s) if insufficient space).

Signature of each individual trustee

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Corporate trustees only

Signed by, or on behalf of, the body corporate in a way that is effective in law, and that binds the body corporate.

Common seal of corporation
(See instructions for more information)

[Empty box for corporate trustee signature]

Date

/ /

Now complete the Declaration

Declaration

This declaration applies to all superannuation funds, approved deposit funds and pooled superannuation trusts.

I declare that the superannuation entity is carrying on an enterprise and certify that the information given on this application is accurate and complete.

Signature

[Empty signature box]

Date

/ /

Name

PETER RYAN AND ALISON JAMIESON

Position/Title

TRUSTEES

Penalties may be imposed for giving false or misleading information.

We estimate this application should take you 30 minutes to complete. If it took more or less, please provide the time taken here.

minutes

Please make sure you complete Attachment A

Title (Mr, Mrs, Miss, Ms or other title)

2

Family name

First given name

Other given names

Tax file number

Date of birth

Sex: Male Female

Relationship: Member of a self-managed superannuation fund and/or Trustee

Title (Mr, Mrs, Miss, Ms or other title)

3

Family name

First given name

Other given names

Tax file number

Date of birth

Sex: Male Female

Relationship: Member of a self-managed superannuation fund and/or Trustee

Title (Mr, Mrs, Miss, Ms or other title)

6

Family name

First given name

Other given names

Tax file number

Date of birth

Sex: Male Female

Relationship: Member of a self-managed superannuation fund and/or Trustee

Title (Mr, Mrs, Miss, Ms or other title)

7

Family name

First given name

Other given names

Tax file number

Date of birth

Sex: Male Female

Relationship: Member of a self-managed superannuation fund and/or Trustee

Title (Mr, Mrs, Miss, Ms or other title)

8

Family name

First given name

Other given names

Tax file number

Date of birth

Sex: Male Female

Relationship: Member of a self-managed superannuation fund and/or Trustee