

Australian Taxation Office Self-managed super fund trustee declaration

I understand that as an individual trustee or director of the corporate trustee of Fund name

DING FAMILY SUPER FUND

I am responsible for ensuring that the fund complies with the Superannuation Industry (Supervision) Act 1993 (SISA) and other relevant legislation. The commissioner of Taxation (the Commissioner) has the authority and responsibility for administering the legislation and enforcing the fund's compliance with the law.

I must keep myself informed of changes to the legislation relevant to the operation of my fund and ensure the trust deed is kept up to date in accordance with the law and the needs of the members

If I do not comply with the legislation, the Commissioner may take the following actions:

- impose administrative penalties on me.
- enter into agreements with me to rectify any contraventions of the legislation.
- · disqualify me from being a trustee or director of a corporate trustee of any superannuation fund in the future.
- · remove the fund's complying status, which may result in significant adverse tax consequences for the fund
- · prosecute me under the law, which may result in fines or imprisonment

SOLE PURPOSE

I understand it is my responsibility to ensure the fund is maintained for the purpose of providing benefits to its members upon their retirement (or attainment of a certain age) or their beneficiaries if a member dies. I understand that I should regularly evaluate whether the fund continues to be the appropriate vehicle to meet this purpose.

TRUSTEE DUTIES

I understand that by law I must at all times:

- · act honestly in all matters concerning the fund
- · exercise skill, care and diligence in managing the fund
- act in the best interests of all the members of the fund
- ensure that members only access their super benefits if they have met a legitimate condition of release
- refrain from entering tinto transactions that circumvent restrictions on the payment of benefits
- ensure that my money and other assets are kept separate from the money and other assets of the fund
- take appropriate action to protect the fund's assets (for example, have sufficient evidence of the ownership of fund assets)
- refrain from entering into any contract, or do anything, that would prevent me from, or hinder me in, properly performing or exercising my functions or powers as a trustee or director of the corporate trustee of the fund
- · allow ail members of the fund to have access to information and documents as required, including details about
 - the financial situation of the fund
 - the investments of the fund
 - the members' benefit entitlements.

also understand that by law I must prepare and implement and regularly review an investment strategy having regard to all the circumstances of the fund which include, but is not limited to:

- · Ithe risks associated with the fund's investments
- the likely return from investments, taking into account the fund's objectives and expected cash flow requirements
- investment diversity and the fund's exposure to risk due to inadequate diversification
- the liquidity of the fund's investments having regard to the fund's expected cash flow requirements in discharging its existing and prospective liabilities (including benefit payments)
- Whether the trustees of the fund should hold insurance cover for one or more members of the fund.

Investment Restrictions

I understand that, as a trustee or director of the corporate trustee of the fund, subject to certain limited exceptions specified in the law, I am prohibited from

- lending money of the fund to, or providing financial assistance to, a member of the fund or a member's relative (financial
 assistance means any assistance that improves the financial position of a person directly or indirectly including the provision
 of credit)
- acquiring assets (other than business real property, listed securities, certain in-house assets and acquisitions made under mergers allowed by special determinations or acquisitions as a result of a breakdown of a relationship) for the fund from members or other related parties of the fund
- borrowing money (or maintaining an existing borrowing) on behalf of the fund except in certain limited circumstances (while limited recourse borrowing arrangements are permitted, they can be complex and particular conditions must be met to ensure that legal requirements are not breached)

- having more than 5% of the market value of the fund's total assets at the end of the income year as in-house assets (these
 are loans to, or investments in, related parties of the fund including trusts or assets subject to a lease or lease arrangement
 between the trustee and a member, relative or other related party)
- entering into investments on behalf of the fund that are not made or maintained on an arm's length (commercial) basis, (this ensures the purchase or sale price of the fund's assets and any earnings from those assets reflects their market value).

Accepting Contributions and Paying Benefits

I understand that I can only accept contributions and pay benefits (income streams or lump sums) to members or their beneficiaries when the conditions specified in the law and the fund trust deed have been met.

Administration

I understand that the trustees of the fund must:

- Keep and retain for at least 10 years
 - minutes of all trustee meetings at which matters affecting the fund were considered (this includes investment decisions and decisions to appoint members and trustees)
 - records of all changes of trustees, including directors of the corporate trustee
 - each trustee's consent to be appointed as a trustee of the fund or a director of the corporate trustee
 - all trustee declarations
 - copies of all reports given to members
- Ensure that the following are prepared and retained for at least five years
 - an annual statement of the financial position of the fund
 - an annual operating statement
 - copies of all annual returns lodged
 - accounts and statements that correctly record and explain the transactions and financial position of the fund
- ensure that an approved auditor is appointed within the prescribed period (currently this is no later than 31 days before the
 due date for lodgement of the fund's annual return but this may change to 45 days) to audit the fund for each income year,
 and provide that auditor with documents as requested
- lodge the fund's annual return, completed in its entirety, by the due date
- notify the ATO within 28 days of any changes to the
 - membership of the fund, or trustees or directors of the corporate trustee
 - name of the fund

Trustee's or director's name

- contact person and their contact details
- postal address, registered address or address for service of notices for the fund
- notify the ATO in writing within 28 days of the fund being wound up or after becoming aware that the fund has ceased to be an SMSF

DECLARATION

By signing this declaration I acknowledge that I understand my duties and responsibilities as a trustee or director of the corporate trustee of the self managed superannuation fund named on this declaration (or if the fund's name changes, that name). I

- must ensure this document is retained for at least 10 years or while I remain a trustee or director of the corporate trustee (whichever is longer) and if I fail to do this, penalties may apply
- ! may have to make this document available for inspection by a member of staff of the ATO and, if I fail to do this, penalties
 may apply.
- If do not have access to the government's financial assistance program that is available to trustees of Australian Prudential Regulation Authority (APRA) regulated funds in the case of financial loss due to fraudulent conduct or theft.

Ai Jun Ding	
Trustee or director's signature	
Xest-	Date
0019	01/11/2017
Witness' name (witness must be over 18 years of age)	
ZUAN CHEN	
Witness' signature	
7 00	Date
am Cler	01/11/2017



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Trustee's or director's name	
Xin Yu Chen	· · · · · · · · · · · · · · · · · · ·
Trustee or director's signature	
3P 127	Date
(4 /2 1/m)	01/11/2017
Witness' name (witness must be over 18 years of age)	
ZUAN CHEN	
Witness' signature	
Zm Olen	Date
Com Colon	01/11/2017



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Trustee's or director's name	
Hao Ding	
Trustee or director's signature	
R	Date
JA	01/11/2017
Witness' name (witness must be over 18 years of age)	
ZUAH CHEH	
Witness' signature	
7 00	Date
an den	01/11/2017

DECLARATION BY DIRECTOR OF TRUSTEE COMPANY

UNDER SECTION 118 OF THE SUPERANNUATION INDUSTRY (SUPERVISION) ACT 1993

I, Ai Jun Ding

of 32 Yarra Valley Blvd Bulleen Vic 3105

HEREBY DECLARE that I am not a disqualified person as defined by SIS and am therefore not disqualified from acting as a director of a trustee company 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 a Trustee of the Ding Family Super Fund (in my capacity as a director of Ding Family Superannuation Pty Ltd)

constituted on 01/11/2017

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

dated: 01/11/2017

signed:

* 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 DIRECTOR OF TRUSTEE COMPANY

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

I, Xin Yu Chen

of 32 Yarra Valley Blvd Bulleen Vic 3105

HEREBY DECLARE that I am not a disqualified person as defined by SIS and am therefore not disqualified from acting as a director of a trustee company 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 a Trustee of the Ding Family Super Fund (in my capacity as a director of Ding Family Superannuation Pty Ltd)

constituted on 01/11/2017

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signed: The L' Thy

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I, Hao Ding

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DING FAMILY SUPER FUND

APPLICATION FOR MEMBERSHIP

			%
			%
N	ame and Address	Relationship to memb er	Proportion of benefit
NOMINATIO	ON OF BENEFICIARIES to use to the state of t	his tax file number. receive the benefit payable by the Ti	rustees of the fund in the eve
My Tax File Nu			
Pursuant to the the Superannu as follows:	e authorisations for the collection ation Industry (Supervision) A	ction of Tax File Numbers ("TFN") co Act 1993 and the <i>Privacy Act 1988</i> , I h	ntained in the taxation laws, nereby agree to provide my T
* The Applican Rules governin		tributions to the Fund and agrees to	be bound by the Deed and
		o deduct from my salary such amoun yer as contributions to be made by m	
l make applica	tion to become a member of	the Ding Family Super Fund (" The F u	ınd")
Date of Birth:	12/11/1951		
Address:	32 Yarra Valley Blvd Bulleen Vic 3105		

BINDING DEATH BENEFIT NOMINATION

Ai Jun Ding,				
32 Yarra Valley Blvd Bulleen Vic 3105				
to pay my death benefit to	the following persons			
e Percentage of Benefit	Transfer via Lump Sum or Pension			
	=			
If any of the person nominated above predecease me I direct you to pay the proportion of my death benefit that would have been payable to that person to the following persons in the proportions as shown:				
Percentage of Benefit	Transfer via Lump Sum or Pension			
2009-0000W				
	e Percentage of Benefit ecease me I direct you to provide to that person to the Benefit			

ı	und	ersta	nd t	hat:
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- 1. 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

-372kh	
\MM4/V)	
	Date:

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.

Name:	 Name:
Date:	Date:

DING FAMILY SUPER FUND

APPLICATION FOR MEMBERSHIP

32 Yarra Valley Blvd Bulleen Vic 3105		
Bulleell VIC 3103		
15/01/1982		
on to become a member of the	e Ding Family Super Fund ("The Fu	ınd")
rise my current Employer to de on by myself and my employer	duct from my salary such amoun as contributions to be made by m	ts (if any) as are from time to se to the abovementioned Fun
hereby applies to make contrib the Fund.	outions to the Fund and agrees to	be bound by the Deed and
authorisations for the collectio tion Industry (Supervision) Act 2	n of Tax File Numbers ("TFN") co 1993 and the <i>Privacy Act 1988</i> , h	ntained in the taxation laws, nereby agree to provide my TFI
	tax file number.	
te the following persons to reco		
ne and Address	to member	Proportion of benefit
		%
		%
this nomination to be binding o	on the trustees (cross out & initia	
this nomination to be binding o	on the trustees (cross out & initia	
	rise my current Employer to de on by myself and my employer hereby applies to make contribite Fund. authorisations for the collection industry (Supervision) Action is: the property of the collection is: The	authorisations for the collection of Tax File Numbers ("TFN") contion Industry (Supervision) Act 1993 and the Privacy Act 1988, I have is: Therefore the trustees to use this tax file number. N OF BENEFICIARIES te the following persons to receive the benefit payable by the Time and Address Relationship

BINDING DEATH BENEFIT NOMINATION

To th	ne Trustees of th	e Ding Family Super Fund	<u></u>	
1				
of	32 Yarra Valley	Blvd	b.e.mooron	
as a r		bove fund, direct you to		
	e of Beneficiary	Relationship to Me	Percentage of Benefit	Transfer via Lump Sum or Pension
			(0)	
	······································	(1)-(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Washington	
***********			24000000000000000000000000000000000000	
propo	of the person no benefit that wo rtions as shown:	ominated above predeces uld have been payable to Relationship to Me	ase me I direct you to pa that person to the follo Percentage of Benefit	y the proportion of my wing persons in the Transfer via Lump Sum or Pension
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• · · · · • • · · · · · · · · · · · · ·				
•••••••				

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I und	lerstand 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			
	understand that this nomination will not lapse unless 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.			
ackn an inf	owledge that I have been provided with the necessary information to enable me to make ormed nomination and I fully understand the effect of this nomination.			
Signe	d			
34	X w Um			
	Date:			
Witne as ben	sses: (This nomination must be signed by 2 witnesses over the age of 18 and not named eficiaries)			
We de	clare 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. 			
Name:	Name:			

Date:

Date:

DING FAMILY SUPER FUND

APPLICATION FOR MEMBERSHIP

Full Name:	Hao Ding				
Address:	32 Yarra Valley Blvd Bulleen Vic 3105				
Date of Birth:	th: 03/12/1981				
I make applicat	tion to become a member of th	e Ding Family Super Fund ("The Fund'	")		
*I hereby authors agreed upon by	orise my current Employer to d y myself and my employer as co	educt from my salary such amounts (i ontributions to be made by me to the	f any) as are from time to time abovementioned Fund.		
* The Applican governing the I		butions to the Fund and agrees to be	bound by the Deed and Rules		
Pursuant to the Superannuation follows:	e authorisations for the collecti In Industry (Supervision) Act 199	on of Tax File Numbers ("TFN") contai 33 and the <i>Privacy Act 1988</i> , I hereby a	ned in the taxation laws, the agree to provide my TFN as		
My Tax File Nur and I hereby au	mber is: Ithorise the trustee s to use this	tax file number.			
	N OF BENEFICIARIES ate the following persons to re	ceive the benefit payable by the Trust	ees of the fund in the event of		
	Name and Address	Relationship to member	Proportion of benefit		
			%		
			%		
	like this nomination to be bind	ing on the trustees (cross out & initial	if inapplicable)		
Signature of App	olicant:		•		
Witness: Delete this cla	use if inapplicable				

BINDING DEATH BENEFIT NOMINATION

To th	ne Trustees of the	e Ding Family Super Fund	1	
I	Hao Ding,			
of	32 Yarra Valley Bulleen Vic 3 1	Blvd		
as a r the p	nember of the al roportions as sho	bove fund, direct you to pown:	pay my death benefit to	the following persons in
Nam	e of Beneficiary	Relationship to Me	Percentage of Benefit	Transfer via Lump Sum or Pension
*********		11		
				,
		344	STUTION TO STUTION TON	
ueatn	of the person no benefit that wou rtions as shown:	minated above predecea ald have been payable to	ase me I direct you to pa that person to the follo	y the proportion of my wing persons in the
Name	of Beneficiary	Relationship to Me	Percentage of Benefit	Transfer via Lump Sum or Pension
• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••			
	•••••••••••••••••••••••••••••••••••••••	···········		

ıu	nderstand that:
1.	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 benefithen 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.
ack	manufacturations
in in	nowledge that I have been provided with the necessary information to enable me to make formed nomination and I fully understand the effect of this nomination
in in	, sind stated the effect of this nomination.
	, sind stated the effect of this nomination.
	Date:
igne	d Date:
igne i tne ben	Date:

Name:

Date:

Name:

Date: