

MINUTES OF MEETING OF TRUSTEES OF SHADOW SUPERANNUATION FUND

Venue	724A Station St, Box Hill, VIC-3128
Date & Time	18/11/2011 12:00 PM
Present	KAMALPREET KAUR CHADHA GURPREET SINGH CHADHA
Chairperson	GURPREET SINGH CHADHA

TABLED: Draft Trust Deed, Application to become members & proposed Investment Strategy.

RESOLVED THAT:

Establishment of Fund The persons present are intending to form a superannuation fund to provide retirement benefits for Eligible persons and agree to act as the {trustee/s} {director of trustee company} of the Fund.

Name of the fund The fund will be called SHADOW SUPERANNUATION FUND The fund will be a Self Managed Superannuation Fund.

Execute Trust Deed The {Trustees} {Directors of the Trustee Company} will execute the Trust Deed tabled at the meeting. The fund will be a regulated complying superannuation fund and commence on the day of execution of the Trust Deed.

Application to be regulated The {Trustees} {Directors of the Trustee Company} will make an application with the regulator to elect the fund to be regulated fund and register the fund for, Australian Business Number, Tax File Number and Goods & Services Tax (if necessary)

Application for Members The application forms to become members in the fund was received from following persons
KAMALPREET KAUR CHADHA
GURPREET SINGH CHADHA
are accepted and trustees will give members details of the benefits provided under Rules of the this Fund

Information to members The members have been provided with Product Disclosure Statement of the fund and all the necessary information regarding the fund

Investment Strategy The {Trustees} {Directors of the Trustee Company} will formulate an Investment for strategy for the Fund and this will be documented and reviewed on a regular basis.

Bank Account The {Trustees} {Directors of the Trustee Company} will open a bank account in the name of the Fund. And with the bank be operated by one or more {Trustees} {Directors of the Trustee Company} who will be the signatories to the bank account

Appointment of fund Accountant Appointed as the funds Accountant : Chin He

Appointment of fund Auditor Appointed as the funds Auditor :

Appointment of fund Financial Advisor Appointed as the Financial Advisor : Chin He

Contributions, Rollovers & investments The {Trustees} {Directors of the Trustee Company} are empowered to Receive contributions and rollovers for members and invest monies as per investment strategy of the fund

There being no further matters to discuss, the meeting was closed.

Signature of {Trustee} {Director of the Trustee Company} KAMALPREET KAUR CHADHA	Date / /
Signature of {Trustee} {Director of the Trustee Company} GURPREET SINGH CHADHA	Date / /

◀ SIGN

[N.B.: Choices in [brackets] must be struck out if not relevant].

Investment Strategy

SHADOW SUPERANNUATION FUND

Objectives:

The objective of the fund is to:

- Provide superannuation benefits to members and their dependants to meet their retirement need.
- Ensure that appropriate mixes of investments are held by the fund to support these needs.

Investment objective of the trustee's is to aim to achieve real medium to longer-term growth, whilst maintaining a low level of risk.

Investment Choice:

The Trustee's have determined the fund's investment may include but not be limited to all or one of the following:

- Direct equities, stocks and derivatives and including the participation in dividend reinvestment program, right issues and the like:
- Property trusts and associated investments:
- Managed investments and associated products:
- Direct residential, industrial commercial property investment:
- Bank and other financial institution securities including Term Deposits, Debentures, Secured and Unsecured Notes and Bonds:
- Any other investment that the trustees may feel prudent to achieve the objective of the fund.

The Trustee may from time to time decide to seek professional advice to Accountants, Solicitors or Financial Planners in the formulation of any their future investment strategy.

In formulation this strategy the trustees have taken into consideration relevant features of the various investments in accordance with both the fund's objectives and appropriate legislation.

While drafting this investment strategy, the trustees have taken into account all of the circumstances of the fund, including:

- the risks involved in making each investment;
- the likely return from making each investment;
- the range and diversity of investments;
- any risks coming from limited diversification;
- the liquidity of the fund's investments;
- expected cash flow requirements; and
- the ability of the fund to meet its existing and prospective liabilities such as paying benefits to its members.

Policies:

The policies adopted by the Trustees in order to achieve these objectives are:

- Regular monitoring of the performance of the funds investment, to oversee the overall investment mix and the expected cash flow requirements of the fund.
- Balancing the fund's investment portfolio due to changes in market conditions, by further sale and purchase of investments.

The Trustee's aim will always be to ensure that they follow the investment strategy, however, the Trustee's will at all time reserve the right to change the investment mix depending on the market situation and opportunities available to strengthen its Objectives.

A copy of current investment strategy of the fund will be made available to all members of the fund.

Signature of {Trustee} {Director of the Trustee Company} KAMALPREET KAUR CHADHA	Date / /
Signature of {Trustee} {Director of the Trustee Company} GURPREET SINGH CHADHA	Date / /



[N.B.: Choices in [brackets] must be struck out if not relevant].

Trustee Consent Form

SHADOW SUPERANNUATION FUND

I, KAMALPREET KAUR CHADHA of 17 ST GEORGES RD NARRE WARREN SOUTH VIC - 3805 India consent to act as a {Trustee} {Director of the Trustee Company}.

I declare that :

- I have never been found guilty of a dishonest conduct offence in Australia or elsewhere.
- I am not a bankrupt and I have not, in the preceding 3 years from the date of this statement, entered into a deed of assignment or arrangement or a composition with my creditors under part X of the Bankruptcy Act.
- I am not, disqualified from acting as a trustee or as a responsible officer of a trustee company* under the Superannuation Industry (Supervision) Act.
- I understand my role & responsibility as a trustee of SHADOW SUPERANNUATION FUND,
- I have read and understood the trust deed and the attached product disclosure statement and agree to abide to the trust deed and superannuation law.
- I agree to comply with the requirements of the Superannuation Industry (Supervision) Act 1993 (the SIS Act) and the Superannuation Industry (Supervision) Regulations 1994 (the SIS Regulations)
- I agree to comply, in all material respects, with the relevant requirements of the following provisions (to the extent applicable) of the SIS Act and the SIS Regulations. Sections 52(2)e, 52(2)d, 62, 65, 66, 67, 69-71E, 73-75, 80-85, 103, 106, 109, 111, 112, 113(1A), 121 Regulations 4.09, 5.08, 6.17, 7.04, 13.12, 13.13, 13.14

* If a company is acting as the trustee of the Fund, a receiver, or a receiver and manager, or an official manager, or a deputy official manager, or a provisional liquidator has not been appointed in respect of the company acting as trustee nor has it begun to be wound up.

Signature of the Trustee / Director of Trustee Company KAMALPREET KAUR CHADHA	Date / /
Signature of Witness Name of Witness	Date / /

[N.B.: Choices in [brackets] must be struck out if not relevant].

Trustee Consent Form

SHADOW SUPERANNUATION FUND

I, GURPREET SINGH CHADHA of 17 ST GEORGES RD NARRE WARREN SOUTH VIC - 3805 India consent to act as a {Trustee} {Director of the Trustee Company}.*(delete one*

I declare that :

- I have never been found guilty of a dishonest conduct offence in Australia or elsewhere.
- I am not a bankrupt and I have not, in the preceding 3 years from the date of this statement, entered into a deed of assignment or arrangement or a composition with my creditors under part X of the Bankruptcy Act.
- I am not, disqualified from acting as a trustee or as a responsible officer of a trustee company* under the Superannuation Industry (Supervision) Act.
- I understand my role & responsibility as a trustee of SHADOW SUPERANNUATION FUND,
- I have read and understood the trust deed and the attached product disclosure statement and agree to abide to the trust deed and superannuation law.
- I agree to comply with the requirements of the Superannuation Industry (Supervision) Act 1993 (the SIS Act) and the Superannuation Industry (Supervision) Regulations 1994 (the SIS Regulations).
- I agree to comply, in all material respects, with the relevant requirements of the following provisions (to the extent applicable) of the SIS Act and the SIS Regulations. Sections 52(2)e, 52(2)d, 62, 65, 66, 67, 69-71E, 73-75, 80-85, 103, 106, 109, 111, 112, 113(1A), 121 Regulations 4.09, 5.08, 6.17, 7.04, 13.12, 13.13, 13.14

* If a company is acting as the trustee of the Fund, a receiver, or a receiver and manager, or an official manager, or a deputy official manager, or a provisional liquidator has not been appointed in respect of the company acting as trustee nor has it begun to be wound up.

Signature of the Trustee / Director of Trustee Company GURPREET SINGH CHADHA	Date / /
Signature of Witness Name of Witness	Date / /

[N.B.: Choices in [brackets] must be struck out if not relevant].

SHADOW SUPERANNUATION FUND

Application for membership

With indicative death benefit nomination

No binding Death benefit nomination

(This Application Form must be inserted after the Product Disclosure Statement)

[N.B.: Choices in [brackets] must be struck out if not relevant].

I hereby apply for membership of this fund as an [initial/additional] member of this fund under the trust deed. I hereby make the following declarations as listed below:

- I have read and understood the trust deed, including all the terms relating to withdrawal of benefits payable in the deed, and the preceding Product Disclosure Statement (PDS),
- I have read the requirements of supplying my tax file number in the PDS, I hereby supply my tax file number to the trustee of this superannuation fund.
- I have read and understood the trust deed and Product Disclosure Statement and understand my role & responsibility as member and [trustee][director of Trustee Company] of the fund.
- I am not in an employment relationship with [any other member/any other member except a relative of myself].
- I am not disqualified person, under superannuation law, from being [trustee] [Director of the trustee company] of the fund.
- I will, as member, abide by and comply with all requirements of the trust deed.
- I will fully and truthfully disclose any information relating to my membership of the fund that is required by the trustee, disclosing such information in writing as soon as is practicable upon such a request being made by the trustee, including:
 - If I have entered into an employment relationship with any other member of the fund who is not also a relative of myself, then any information about the circumstances leading to such a relationship
 - Any information about any circumstance (if any) that may disqualify me under superannuation law from being [trustee/director of the trustee] of the fund.
 - Any information that relates to my medical condition, whether or not I have any medical problems.
- I will also act as a [trustee] [director of the trustee company] of this fund.

Member details

Name	KAMALPREET KAUR CHADHA
Address	17 ST GEORGES RD, NARRE WARREN SOUTH, VIC - 3805 India
Place of Birth	HOSHIARPUR - India
Date of birth	10/02/1976
Tax File Number	344385725

KAMALPREET KAUR CHADHA

Dated.....

SHADOW SUPERANNUATION FUND

Nomination of dependants

With indicative death benefit nomination

No binding Death benefit nomination

(This Application Form must be inserted after the Product Disclosure Statement)

[N.B.: Choices in [brackets] must be struck out if not relevant].

Important information for completion

[This constitutes a direction to the trustee of the fund as to the manner of apportionment of any benefit from the fund that is payable upon your death; which direction is a non-binding death benefit notice in spite of the existence of which the trustee shall retain its discretion as to how to apply any benefit that is so payable upon your death.]

1. This nomination notice is not binding. The trustee/s will take it into account in the event that a benefit is paid from the fund on your death. However, the trustee/s has complete discretion as to which of your dependants and/or legal personal representative may receive the benefit and in what proportions. If there are no dependants or legal personal representative, the benefit may be payable to any other person.

2. This nomination notice must be fully completed in accordance with the details below
 - the beneficiaries named in this notice must be dependants and/or your legal personal representative.
 - Your dependants are your spouse, de facto spouse and your children (including step, adopted and ex-nuptial children), and any other person financially dependent upon you at the time of your death.
 - Your legal personal representative is either the person named as your executor in your will, or, if you do not have a valid will at the date of your death, the person who, as your next of kin, applies for and has been granted letters of administration for your estate. Should you wish to nominate your legal personal representative, please write "legal personal representative" as the name of the beneficiary.
 - for each person nominated, you must provide both their relationships to you and the proportion of any benefit that is to be paid to each.

Nomination of beneficiaries / dependants

Name	Relationship to you	Proportion of benefit(%)
GURPREET SINGH CHADHA	Husband	100

Allocation 100%

Member declaration

I, KAMALPREET KAUR CHADHA of 17 ST GEORGES RD, NARRE WARREN SOUTH, VIC - 3805 India hereby direct [the trustee(s)/the directors of the trustee(s)] that the [person/persons] named in the above table [are/is] to receive the proportions specified therein of any benefit that is payable upon my death from SHADOW SUPERANNUATION FUND

I understand that

- in the event of my death, the trustees have complete discretion as to which of my dependants and/or estate will receive any death benefit payable.
- this notice revokes and amends any previous notice supplied to the trustee/s of the fund in regard to my nominated beneficiaries.

Signature of member KAMALPREET KAUR CHADHA	Date / /
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SHADOW SUPERANNUATION FUND

Application for membership

With indicative death benefit nomination

No binding Death benefit nomination

(This Application Form must be inserted after the Product Disclosure Statement)

[N.B.: Choices in [brackets] must be struck out if not relevant].

I hereby apply for membership of this fund as an [initial/additional] member of this fund under the trust deed. I hereby make the following declarations as listed below:

- I have read and understood the trust deed, including all the terms relating to withdrawal of benefits payable in the deed, and the preceding Product Disclosure Statement (PDS),
- I have read the requirements of supplying my tax file number in the PDS, I hereby supply my tax file number to the trustee of this superannuation fund.
- I have read and understood the trust deed and Product Disclosure Statement and understand my role & responsibility as member and [trustee][director of Trustee Company] of the fund.
- I am not in an employment relationship with [any other member/any other member except a relative of myself].
- I am not disqualified person, under superannuation law, from being [trustee] [Director of the trustee company] of the fund.
- I will, as member, abide by and comply with all requirements of the trust deed.
- I will fully and truthfully disclose any information relating to my membership of the fund that is required by the trustee, disclosing such information in writing as soon as is practicable upon such a request being made by the trustee, including:
 - If I have entered into an employment relationship with any other member of the fund who is not also a relative of myself, then any information about the circumstances leading to such a relationship
 - Any information about any circumstance (if any) that may disqualify me under superannuation law from being [trustee/director of the trustee] of the fund.
 - Any information that relates to my medical condition, whether or not I have any medical problems.
- I will also act as a [trustee] [director of the trustee company] of this fund.

Member details	
Name	GURPREET SINGH CHADHA
Address	17 ST GEORGES RD, NARRE WARREN SOUTH, VIC - 3805 India
Place of Birth	HYDERABAD - India
Date of birth	24/03/1973
Tax File Number	206971868

GURPREET SINGH CHADHA

Dated.....

SHADOW SUPERANNUATION FUND

Nomination of dependants

With indicative death benefit nomination

No binding Death benefit nomination

(This Application Form must be inserted after the Product Disclosure Statement)

[N.B.: Choices in [brackets] must be struck out if not relevant].

Important information for completion

[This constitutes a direction to the trustee of the fund as to the manner of apportionment of any benefit from the fund that is payable upon your death; which direction is a non-binding death benefit notice in spite of the existence of which the trustee shall retain its discretion as to how to apply any benefit that is so payable upon your death.]

1. This nomination notice is not binding. The trustee/s will take it into account in the event that a benefit is paid from the fund on your death. However, the trustee/s has complete discretion as to which of your dependants and/or legal personal representative may receive the benefit and in what proportions. If there are no dependants or legal personal representative, the benefit may be payable to any other person.
2. This nomination notice must be fully completed in accordance with the details below
 - the beneficiaries named in this notice must be dependants and/or your legal personal representative.
 - Your dependants are your spouse, de facto spouse and your children (including step, adopted and ex-nuptial children), and any other person financially dependent upon you at the time of your death.
 - Your legal personal representative is either the person named as your executor in your will, or, if you do not have a valid will at the date of your death, the person who, as your next of kin, applies for and has been granted letters of administration for your estate. Should you wish to nominate your legal personal representative, please write "legal personal representative" as the name of the beneficiary.
 - for each person nominated, you must provide both their relationships to you and the proportion of any benefit that is to be paid to each.

Nomination of beneficiaries / dependants

Name	Relationship to you	Proportion of benefit (%)
KAMALPREET KAUR CHADHA	Wife	100

Allocation 100%

Member declaration

I, GURPREET SINGH CHADHA of 17 ST GEORGES RD NARRE WARREN SOUTH VIC - 3805 India hereby direct [the trustee(s)/the directors of the trustee(s)] that the [person/persons] named in the above table [are/is] to receive the proportions specified therein of any benefit that is payable upon my death from SHADOW SUPERANNUATION FUND.

I understand that

- in the event of my death, the trustees have complete discretion as to which of my dependants and/or estate will receive any death benefit payable.
- this notice revokes and amends any previous notice supplied to the trustee/s of the fund in regard to my nominated beneficiaries.

Signature of member GURPREET SINGH CHADHA	Date / /
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ATO Self Managed Super Fund Trustee Declaration

I understand that as an individual trustee or director of the corporate trustee of SHADOW SUPERANNUATION 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.

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 a significant tax penalty on the fund
- prosecute me under the law, which may result in fines or imprisonment.

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.

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.

TRUSTEE DUTIES

I understand that by law I must:

- 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 retirement benefits are only accessed by members upon a legitimate condition of release being met
- not enter into 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)
- not enter 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
- prepare and implement an investment strategy that takes the whole of the fund's circumstances into account, which includes, but is not limited to
 - the 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
- allow all 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.

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 the following:

- 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 listed securities, business real property, in-house assets, mergers and special determinations) 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 recourse borrowing arrangements
- 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 reflects their market value).

Accepting contributions and paying a benefit

I understand that I can only accept contributions and pay benefits (pensions or lump sums) to members or their beneficiaries when the conditions specified in the law and the fund's 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 annual returns lodged
- 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
 - accounts and statements that accurately record and explain the transactions and financial position of the fund
- notify the ATO within 28 days of any changes in the
 - membership of the fund, trustees, directors of the corporate trustee or members of the fund
 - name of the fund
 - details of the contact person and his/her contact details
 - postal address, registered address or address for service of notices for the fund
- notify the ATO in writing as soon as practicable (not later than 28 days) after becoming aware that the fund has ceased to be a SMSF or ceased to exist
- notify the ATO in writing within 28 days of the fund being wound up
- ensure that an approved auditor is appointed to audit the fund for each income year and provide that auditor with documents as requested
- lodge the fund's annual return by the due date.

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 understand that:

- 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
- I 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.

Signature of the Trustee / Director of Trustee Company	Date
..... KAMALPREET KAUR CHADHA	/ /
Signature of Witness	Date
..... Witness' name (witness must be over the age of 18 years)	/ /
.....	



ATO Self Managed Super Fund Trustee Declaration

I understand that as an individual trustee or director of the corporate trustee of SHADOW SUPERANNUATION 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.

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 a significant tax penalty on the fund
- prosecute me under the law, which may result in fines or imprisonment.

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.

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.

TRUSTEE DUTIES

I understand that by law I must:

- 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 retirement benefits are only accessed by members upon a legitimate condition of release being met
- not enter into 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)
- not enter 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
- prepare and implement an investment strategy that takes the whole of the fund's circumstances into account, which includes, but is not limited to
 - the 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
- allow all 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.

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- acquiring assets (other than listed securities, business real property, in-house assets, mergers and special determinations) 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 recourse borrowing arrangements
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- all trustee declarations
- copies of all annual returns lodged
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- 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
 - accounts and statements that accurately record and explain the transactions and financial position of the fund
- notify the ATO within 28 days of any changes in the
 - membership of the fund, trustees, directors of the corporate trustee or members of the fund
 - name of the fund
 - details of the contact person and his/her contact details
 - postal address, registered address or address for service of notices for the fund
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- lodge the fund's annual return by the due date.

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 understand that:

- 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
- I 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.

Signature of the Trustee / Director of Trustee Company GURPREET SINGH CHADHA	Date / /
Signature of Witness Witness' name (witness must be over the age of 18 years)	Date / /

← SIGN