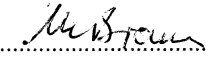


I understand that I may only nominate my Legal Personal Representative(s) or one or more Dependents.

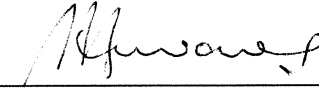
Signature: .....

Date: 01 / 06 /2023

I MARTIN CHURAZA declare that I have witnessed MARIA BROWN  
(Name of Witness)

sign this nomination form in my presence and I declare as follows:-

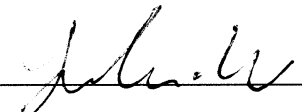
3. I am over 18 years of age; and
4. I am not a dependant or a Legal Personal Representative of MARIA BROWN

Signature of Witness 

I John Warren declare that I have witnessed MARIA BROWN  
(Name of Witness)

sign this nomination form in my presence and I declare as follows:-

3. I am over 18 years of age; and
4. I am not a dependant or a Legal Personal Representative of MARIA BROWN

Signature of Witness 

#### Instruction for completing Binding Death Benefit Nomination

- The Binding Death Benefit Nomination if properly executed enables the Member to nominate certain people to receive their superannuation benefits on their death and the nomination is binding on the Trustee once received by the Trustee.
- The member may only nominate one or more dependants (a spouse, child or other dependant) and/ or their legal personal representative(s).
- The nomination must clearly state either the percentage of the member's benefits the nominated person is to receive or a specific amount.
- The nomination must be signed by the member in the presence of at least one independent witness who must be at least 18 years old and cannot be the member's Legal Personal Representative or Dependant or an associate thereof.

**Binding Death Benefit Nomination Form**

Name: Maria Brown

Address: 1 Spinifex Route, False Bay SA 5601

Date of Birth: 22/09/1956

I, Maria Brown make a non-lapsing binding nomination that in the event of my death the benefits to which I am entitled from the Fund be paid to the following person(s):

Name	Address	Relationship	Percentage or Amount

However in the event that \_\_\_\_\_ does not outlive me by 28 days or is unwilling or unable to accept the benefit of this non lapsing binding nomination, then I direct the benefits to which I am entitled referred to above to be paid to:

Name	Address	Relationship	Percentage or Amount

However in the event that \_\_\_\_\_ does not outlive me by 28 days or is unwilling or unable to accept the benefit of this non lapsing binding nomination, then I direct the benefits to which I am entitled referred to above to be paid to:

Name	Address	Relationship	Percentage or Amount

**TFN Notification**

Name:	Maria Brown
Address:	1 Spinifex Route, False Bay SA 5601
Date of Birth:	22/09/1956
Sex:	Female

I agree to provide my Tax File Number:

8	2	4	1	9	1	2	8	7
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Signature ..... *M. Brown* .....

Date ..... *10/05* ..... 20 *23*

Collection of tax file numbers is authorised by tax laws, the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1998. Changes to the tax file number law require Trustee to ask you to provide your tax file number to your superannuation fund. By completing this form and providing it to your fund will allow your fund trustee to use your tax file number for the purposes contained in the Superannuation Industry (Supervision) Act 1993 and for the purpose of paying eligible termination payments.

The purposes currently authorised include:

- taxing eligible termination payments at concessional rates;
- finding and amalgamating your superannuation benefits where insufficient information is available;
- passing your tax file number to the Australian Taxation Office whereby you receive a benefit or have unclaimed superannuation money after reaching the aged pension age; and
- allowing the trustee of your superannuation fund to provide your tax file number to a superannuation fund receiving any benefits you may transfer. Your trustee won't pass your tax file number to any other fund if you tell the trustee in writing that you don't want them to pass it on.

You are not required to provide your tax file number. Declining to quote your tax file number is not an offence. However, if you do not give your superannuation fund your tax file number, either now or later, you may pay more tax on your superannuation benefits than you have to.

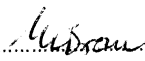
The lawful purposes for which your tax file number can be used and the consequences of not quoting your tax file number may change in future, as a result of legislative change.

**Application For Membership**

6. I, the person whose details appear in the Schedule, hereby apply for membership of the above mentioned Fund.
7. In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the Fund Deed and any rules made thereunder.
8. I hereby consent to:
  - (c) (where the Trustee of the Fund is a corporation) – be a director of the trustee corporation and I provide the information in the Schedule in compliance with my obligations under the *Corporations Act 2001* (Cth); and
  - (d) (where the Trustee is or are natural persons) – to be a trustee of the Fund.
9. I declare that I am not a disqualified person within the meaning of Section 120 of the Superannuation Industry (Supervision) Act 1993.
10. Where there is an Employer Sponsor applicable to me I hereby authorise that Employer Sponsor to deduct from my salary and pay to the Fund as contributions the 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 above mentioned Fund.

**Schedule:**

FULL NAME	Maria Brown
ADDRESS	1 Spinifex Route, False Bay SA 5601
DATE OF BIRTH	22/09/1956
PLACE OF BIRTH	South Africa
TAX FILE NUMBER	824191287

Signature .....  .....

Date ..... 10/05/2023 .....

I understand that I may only nominate my Legal Personal Representative(s) or one or more Dependants.

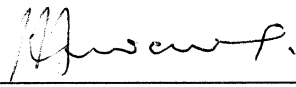
Signature: 

Date: 01 / 06 / 2023

I Mansin CHURAWA declare that I have witnessed ERICH JOHN BROWN  
(Name of Witness)

sign this nomination form in my presence and I declare as follows:-

1. I am over 18 years of age; and
2. I am not a dependant or a Legal Personal Representative of ERICH JOHN BROWN

Signature of Witness 

I John Warren declare that I have witnessed ERICH JOHN BROWN  
(Name of Witness)

sign this nomination form in my presence and I declare as follows:-

1. I am over 18 years of age; and
2. I am not a dependant or a Legal Personal Representative of ERICH JOHN BROWN

Signature of Witness 

**Instruction for completing Binding Death Benefit Nomination**

- The Binding Death Benefit Nomination if properly executed enables the Member to nominate certain people to receive their superannuation benefits on their death and the nomination is binding on the Trustee once received by the Trustee.
- The member may only nominate one or more dependants (a spouse, child or other dependant) and/ or their legal personal representative(s).
- The nomination must clearly state either the percentage of the member's benefits the nominated person is to receive or a specific amount.
- The nomination must be signed by the member in the presence of at least one independent witness who must be at least 18 years old and cannot be the member's Legal Personal Representative or Dependant or an associate thereof

**Binding Death Benefit Nomination Form**

Name: Erich John Brown

Address: 1 Spinifex Route, False Bay SA 5601

Date of Birth: 24/01/1954

I, Erich John Brown make a non-lapsing binding nomination that in the event of my death the benefits to which I am entitled from the Fund be paid to the following person(s):

Name	Address	Relationship	Percentage or Amount

However in the event that \_\_\_\_\_ does not outlive me by 28 days or is unwilling or unable to accept the benefit of this non lapsing binding nomination, then I direct the benefits to which I am entitled referred to above to be paid to:

Name	Address	Relationship	Percentage or Amount
	DIA		

However in the event that \_\_\_\_\_ does not outlive me by 28 days or is unwilling or unable to accept the benefit of this non lapsing binding nomination, then I direct the benefits to which I am entitled referred to above to be paid to:

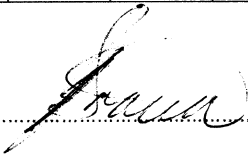
Name	Address	Relationship	Percentage or Amount

**TFN Notification**

Name:	Erich John Brown
Address:	1 Spinifex Route, False Bay SA 5601
Date of Birth:	24/01/1954
Sex:	Male

I agree to provide my Tax File Number:

8	2	4	1	9	0	7	0	1
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Signature .....  .....

Date ..... 10/05 ..... 2023

Collection of tax file numbers is authorised by tax laws, the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1998. Changes to the tax file number law require Trustee to ask you to provide your tax file number to your superannuation fund. By completing this form and providing it to your fund will allow your fund trustee to use your tax file number for the purposes contained in the Superannuation Industry (Supervision) Act 1993 and for the purpose of paying eligible termination payments.

The purposes currently authorised include:

- taxing eligible termination payments at concessional rates;
- finding and amalgamating your superannuation benefits where insufficient information is available;
- passing your tax file number to the Australian Taxation Office whereby you receive a benefit or have unclaimed superannuation money after reaching the aged pension age; and
- allowing the trustee of your superannuation fund to provide your tax file number to a superannuation fund receiving any benefits you may transfer. Your trustee won't pass your tax file number to any other fund if you tell the trustee in writing that you don't want them to pass it on.

You are not required to provide your tax file number. Declining to quote your tax file number is not an offence. However, if you do not give your superannuation fund your tax file number, either now or later, you may pay more tax on your superannuation benefits than you have to.


The lawful purposes for which your tax file number can be used and the consequences of not quoting your tax file number may change in future, as a result of legislative change.

**Application For Membership**

1. I, the person whose details appear in the Schedule, hereby apply for membership of the above mentioned Fund.
2. In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the Fund Deed and any rules made thereunder.
3. I hereby consent to:
  - (a) (where the Trustee of the Fund is a corporation) – be a director of the trustee corporation and I provide the information in the Schedule in compliance with my obligations under the *Corporations Act 2001* (Cth); and
  - (b) (where the Trustee is or are natural persons) – to be a trustee of the Fund.
4. I declare that I am not a disqualified person within the meaning of Section 120 of the Superannuation Industry (Supervision) Act 1993.
5. Where there is an Employer Sponsor applicable to me I hereby authorise that Employer Sponsor to deduct from my salary and pay to the Fund as contributions the 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 above mentioned Fund.

**Schedule:**

FULL NAME	Erich John Brown
ADDRESS	1 Spinifex Route, False Bay SA 5601
DATE OF BIRTH	24/01/1954
PLACE OF BIRTH	South Africa
TAX FILE NUMBER	824190701

Signature 

Date 10/05/23



## Resolution

Trustee: **EJB SMSF Pty Ltd**

SMSF: **Brown Superfund**

Proceedings: A superannuation fund deed prepared by Evan Richards & Associates

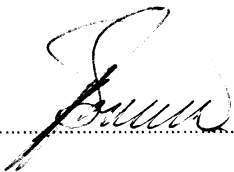
The Deed was considered by the directors.

Resolutions:

**It was resolved** as follows:-

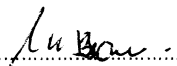
1. That the Trustee adopt the deed to constitute a self managed superannuation fund to be known as the **Brown Superfund** to provide benefits for the Members on the terms set out in the Deed.
2. That the Trustee act as trustee of the Fund subject to the terms set out in the Deed.

Signed by the Directors in favour of the resolutions:



.....

(Directors Signature)

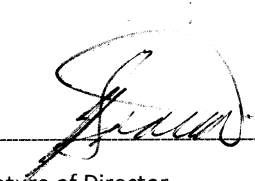
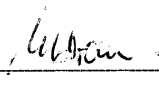
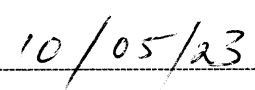


.....

(Directors Signature)

Date of Signing: 10/05/2023

Executed as a deed.

<b>Executed by EJB SMSF Pty Ltd</b> in accordance with section 127 of the Corporations Act 2001 (Cth)		
		
Signature of Director	Signature of Director	Date of Signing