



# CAVENDISH

SUPERANNUATION PTY LTD

ACN 007 778 341

1 September, 1999

The Trustee/s  
M R M Marsh Superannuation Fund  
30 Girdlestone Circuit  
Calwell ACT 2905

Dear Mrs Marsh,

## **M R M MARSH SUPERANNUATION FUND**

Thank you for appointing Cavendish to establish and administer your Superannuation Fund.

It is with pleasure we enclose the M R M Marsh Superannuation Fund Portfolio. The Tax File Number notification will be forwarded on receipt. You will receive the Fund cheque book approximately two weeks after the initial deposit. Cheques can be arranged in the interim if required.

Fund investments should be titled as follows:

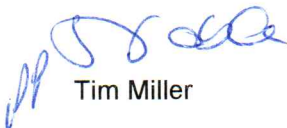
Margaret Ruth Mullins Marsh and Gregory Parks Marsh ATF  
M R M Marsh Superannuation Fund  
PO Box 6123  
Halifax Street  
ADELAIDE SA 5000

Your share broker should be advised to insert your postal address as the Fund's second address.

We confirm that our administration includes the annual preparation of Financial Statements, Insurance and Superannuation Commission Return, Taxation Return and arrangement of Audit.

Should you have any questions please do not hesitate to contact our office.

Yours sincerely



Tim Miller

### **ADELAIDE**

75 Fullarton Road,  
Kent Town, S.A. 5067

P.O. Box 6123,  
Halifax Street,  
Adelaide 5000

Telephone: (08) 8364 3833  
Facsimile: (08) 8364 0224

### **PERTH**

Level 18, Central Park,  
152-158 St. Georges Terrace,  
Perth, W.A. 6000

P.O. Box 7803,  
Cloisters Square,  
Perth, W.A. 6850

Telephone: (08) 9288 1717  
Facsimile: (08) 9288 4400

### **SYDNEY**

Level 67, MLC Centre,  
Martin Place,  
Sydney, N.S.W. 2000

G.P.O. Box 5171  
Sydney, N.S.W. 1044

Telephone: (02) 9238 6298  
Facsimile: (02) 9238 7633

30 Girdlestone Circuit  
CALWELL ACT 2905

9 August 1999

Mr Andrew Hamilton  
Cavendish Self Managed Superannuation  
75 Fullarton Road  
KENT TOWN SA 5067

Dear Andrew

Following our recent discussions, I am enclosing my application to set up a self managed Superannuation Fund through Cavendish Superannuation Pty Ltd.

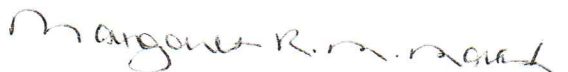
I have elected not to take insurance cover, as I presume this is optional. Also, I am assuming that the allocated pension details are required only for members who are about to retire.

Although I will be the sole member, I would like the flexibility to add additional members and trustees in the future.

I will be contacting Mr Graham Baird at Phillips Henderson Ward Limited this week about setting up a cash management fund to facilitate the Superannuation Fund.

If you require additional information to prepare the necessary documentation, I would be happy to discuss this with you.

Yours faithfully



Margaret R.M. Marsh



# CAVENDISH SUPERANNUATION PTY LTD

## SELF MANAGED FUND APPLICATION

### 1. FUND DETAILS

Name of Fund M.R.M. MARSH SUPERANNUATION

Contact Person MARGARET MARSH

Postal Address 30 GIRDLESTONE CIRCUIT

CALWELL ACT 2905

Telephone Work (0)6244 6483 Home (0)6292 0179 Fax ( )

Email Address margaret.marsh@facs.gov.au

### 2. TRUSTEE DETAILS

#### CORPORATE TRUSTEE

Company Name \_\_\_\_\_

ACN \_\_\_\_\_

Registered Address \_\_\_\_\_

Directors \_\_\_\_\_

OR

#### INDIVIDUAL TRUSTEE

Full Name MARGARET RUTH MULLINS MARSH

Address 30 GIRDLESTONE CIRCUIT

CALWELL ACT 2905

Full Name GREGORY PARKS MARSH

Address 30 GIRDLESTONE CIRCUIT

CALWELL ACT 2905

CAVENDISH SUPERANNUATION PTY LTD  
ACN 007 778 341

Suite 2, 75 Fullarton Road Kent Town South Australia 5067  
Telephone: (08) 8364 3833 Facsimile: (08) 8364 0224 Toll Free: 1800 808 354

**MEMBER DETAILS**

Full Name MARGARET RUTH MULLINS MARSH

Address 30 GIRDLESTONE CIRCUIT

CALWELL ACT 2905

Date of Birth

8 19 152

Male

Female

Insurance

\$     

Death

Death & TPD

Occupation

PUBLIC  
SERVANT

Tax File Number

564 988 574

Pension Payments Required

Yes/No

If yes please complete section below

**EXISTING ARRANGEMENTS TO BE TRANSFERRED**

Company

Policy No.

Company

Policy No.

**ALLOCATED PENSION DETAILS**

Retirement Date

First Pension To Commence

Amount of Pension Required to June 199    :

- Minimum

- Maximum

- Lump Sum

Frequency of Payments:

Monthly

Quarterly

Yearly

Method of Payment:

Trustee Cheque

Credit to Bank Account

Account Name

Account Number

Bank

BSB

DSS Schedule Required?

Yes/No

**OFFICE USE ONLY**

ESTABLISHMENT

\$

ADMINISTRATION

\$

INITIAL MONTHLY

\$

BANK ACCOUNT

ADVISER

AUDITOR

TAX AGENT