

## Application to become a Member

This Application Form contains your Death Benefit Nomination and undertakings which must be made by you. It is also accompanied by the Product Disclosure Statement relevant to the fund contained in Annexure A.

### Part 1 Application and undertakings

- I apply to become an initial member of this fund under the trust deed.
- I make each of the following undertakings:
  - I am not in an employment relationship with another member.
  - I am not a disqualified person under superannuation law from being a director of the trustee of the fund.
  - I will comply with the trust deed.
  - Upon request, I will fully disclose in writing any information required by the trustee in respect of my membership of the fund. This includes disclosing:
    - Any circumstance which may lead to my entering into an employment relationship with any other member of the fund who is not also a relative of mine.
    - That I may become disqualified under superannuation law from being a director of the trustee of the fund.
    - Any information in relation to my medical condition.
- I will act as a director of the trustee of the fund.
- I understand the trust deed, particularly its terms concerning the benefits payable under it, and I have read and understood the attached Product Disclosure Statement, annexed and marked 'A'.
- I have read and understand the prescribed information relating to the collection of Tax File Numbers by the trustees of superannuation funds.

I attach a completed ATO Individual Tax File Number Notification form.

Applicant name	Karin Annika Dillenbeck
Applicant address	34 Nirvana Court, RUNAWAY BAY QLD 4216
Applicant occupation	Volunteer
Date of birth	11 March 1958
Applicant place of birth	Skarpnack, Sweden

**Part 2 Death benefit: beneficiary nomination**

This is a binding death benefit notice. By completing and signing it you are requiring the trustee to provide any benefit payable on or after your death to the person or persons you mentioned in this notice, being one or more dependants or your legal personal representative. I direct the directors of the trustee that the person named in the following table is to receive the proportions specified in that table of the benefit that is payable if I die.

Person	Relationship to member	Proportion of death benefit
Timothy Dillenbeck	Spouse	100 %

(Please note that this beneficiary direction is valid for only 3 years.)

Date: 24-1-08 Signed by the applicant: *Karin Annika Dillenbeck*  
Karin Annika Dillenbeck

The following persons declare that:

- they are 18 years of age or older;
- they are not persons otherwise mentioned in this notice; and
- this form was signed by or on behalf of the member in their presence.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness name: \_\_\_\_\_

Witness name: \_\_\_\_\_

**Part 3 Provision of member's tax file number to regulated superannuation fund**

To the directors of the trustee of the Dillenbeck Superannuation Fund.

I have been informed of the reasons why my TFN is sought by the fund.

My TFN is 138271972.

Date: 24 - 01 - 08

Signed: \_\_\_\_\_  
Karin Annika Dillenbeck

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## **Important information about providing your tax file number (TFN) to the fund**

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**Under the *Superannuation Industry (Supervision) Act 1993*, the fund is required to request your TFN. Your TFN is confidential: you don't have to provide it.**

### **What your TFN may be used for**

**If you provide your TFN, it will be used for legal purposes only. The purposes for which your TFN may be used may change in the future. At present, they include:**

- searching for other benefits that may exist for you in the fund;
- calculating reduced tax rates on eligible termination payments (ETPS) when benefits are paid;
- reporting payments to ATO for reasonable benefit limits (RBL) purposes;
- reporting contributions to ATO for contributions tax (surcharge) purposes which may not otherwise be subject to the surcharge;
- passing to other regulated superannuation fund, ADFs and RSAs if your benefits are rolled over. You may revoke this authority later in writing;
- passing on with other details if you become lost and your benefits are paid to the ATO as unclaimed money.

### **What might happen if you don't provide your TFN**

**If you do not provide your TFN, the following may happen:**

- other benefits existing for you in the fund may be more difficult to locate and amalgamate;
- higher tax rates may apply to ETPs paid to you. (This may be recovered with lodgement of your next income tax return);
- your benefits may be subject to an extra 15% contribution tax (surcharge). This may be reclaimed on application to the ATO;
- your TFN will not be passed to other regulated superannuation funds, ADFs and RSAs if your benefits are rolled over;

**your benefits may be more difficult to locate if benefits are paid to the ATO as unclaimed money.**

Annexure A

## Product Disclosure Statement

### Dillenbeck Superannuation Fund

Karin Annika Dillenbeck  
34 Nirvana Court  
RUNAWAY BAY, QLD, 4216

*Here you need to attach a copy of the Product Disclosure Statement in Schedule 6 to the Deed.*

## Application to become a Member

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  - I am not in an employment relationship with another member.
  - I am not a disqualified person under superannuation law from being a director of the trustee of the fund.
  - I will comply with the trust deed.
  - Upon request, I will fully disclose in writing any information required by the trustee in respect of my membership of the fund. This includes disclosing:
    - Any circumstance which may lead to my entering into an employment relationship with any other member of the fund who is not also a relative of mine.
    - That I may become disqualified under superannuation law from being a director of the trustee of the fund.
    - Any information in relation to my medical condition.
- I will act as a director of the trustee of the fund.
- I understand the trust deed, particularly its terms concerning the benefits payable under it, and I have read and understood the attached Product Disclosure Statement, annexed and marked 'A'.
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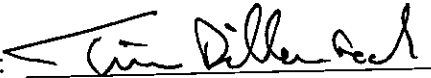
Applicant name	Timothy Lars Peter Dillenbeck
Applicant address	34 Nirvana Court, RUNAWAY BAY QLD 4216
Applicant occupation	Business Consultant
Date of birth	18 September 1954
Applicant place of birth	Lidingo, Sweden

**Part 2 Death benefit: beneficiary nomination**

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Person	Relationship to member	Proportion of death benefit
Annika Dillenbeck	Spouse	100 %

(Please note that this beneficiary direction is valid for only 3 years.)

Date: 24 - 1 - 08 Signed by the applicant:   
Timothy Lars Peter Dillenbeck

The following persons declare that:

- they are 18 years of age or older;
- they are not persons otherwise mentioned in this notice; and
- this form was signed by or on behalf of the member in their presence.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness name: \_\_\_\_\_

Witness name: \_\_\_\_\_

**Part 3 Provision of member's tax file number to regulated superannuation fund**

To the directors of the trustee of the Dillenbeck Superannuation Fund.

I have been informed of the reasons why my TFN is sought by the fund.

My TFN is 138269708.

Date: 24 - 1 - 08

Signed: \_\_\_\_\_  
Timothy Lars Peter Dillenbeck

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Annexure A

## Product Disclosure Statement

### Dillenbeck Superannuation Fund

Timothy Lars Peter Dillenbeck

34 Nirvana Court

RUNAWAY BAY, QLD, 4216

*Here you need to attach a copy of the Product Disclosure Statement in Schedule 6 to the Deed.*

# Dillenbeck Superannuation Fund

## Consent to Appointment as Director of the Trustee

I consent to being appointed a director of the trustee of the Dillenbeck Superannuation Fund.

Date: 24 - 1 - 08

Signed:   
Karin Annika Dillenbeck

# Dillenbeck Superannuation Fund

## Director of Trustee Declarations

I make the following declarations:

- I am unaware, or have no reasonable grounds to suspect, that a person who is, or is acting as, a responsible officer of the trustee is a disqualified person as defined in section 120(1) of the *Superannuation Industry (Supervision) Act 1993*.
- Neither a receiver, or a receiver and manager, has been appointed in respect of property beneficially owned by the trustee.
- Neither an administrator nor a liquidator nor a provisional liquidator has been appointed in respect of the trustee.
- The trustee has not commenced to be wound up.

Date: 24 - 1 - 08

Signed:



Karin Annika Dillenbeck


**Director of the Trustee**

## Dillenbeck Superannuation Fund

### Consent to Appointment as Director of the Trustee

I consent to being appointed a director of the trustee of the Dillenbeck Superannuation Fund.

Date: 24 - 1 - 08

Signed:   
Timothy Lars Peter Dillenbeck

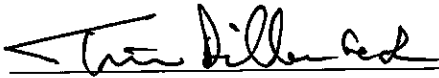
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- Neither a receiver, or a receiver and manager, has been appointed in respect of property beneficially owned by the trustee.
- Neither an administrator nor a liquidator nor a provisional liquidator has been appointed in respect of the trustee.
- The trustee has not commenced to be wound up.

Date: 24-1-08

Signed:   
Timothy Lars Peter Dillenbeck  
Director of the Trustee

(To be tabled at first meeting of directors)

24 January 2008

To

Dillenbeck Holdings Pty Ltd

Level 12, Corporate Centre One, Crn Bundall Road and Slatyer Avenue

BUNDALL, QLD, 4217

### Consent to act as Director

I consent to act as director of Dillenbeck Holdings Pty Ltd.

My personal details are as follows:

<b>Full name</b>	Timothy Lars Peter Dillenbeck
<b>Former given names and family names (if any)</b>	Dillenbeck
<b>Usual residential address</b>	34 Nirvana Court
<b>Town / State / Postcode</b>	RUNAWAY BAY, QLD 4216
<b>Place of birth</b>	Lidingo Sweden
<b>Date of birth</b>	18-09-1954

I give you notice of the following:

No interests to declare.

Signed:



Timothy Lars Peter Dillenbeck

# Dillenbeck Superannuation Fund

## Instructions for use of Certificate of Compliance

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Used when the member "rolls over" (transfers) benefits from another fund to the Dillenbeck Superannuation Fund.

### What is the certificate for?

If a member transfers money from another super fund into the member's SMSF, then the other fund may require one of these certificates.

### What is certified?

By signing the Certificate the trustee(s) of the Fund certifies that:

- 1 It is a regulated superannuation fund under the SIS Act;
- 2 It is a complying superannuation fund under the SIS Act;
- 3 It is not subject to a direction under Section 63 of the SIS Act; and
- 4 Its trust deed permits the receipt of rolled over or transferred benefits.

### What should the trustee do before signing?

**IMPORTANT:** Before the fund's trustee(s) sign the certificate they must make sure that:

- items 1-4 above are true; and
- the Fund must both have chosen to be regulated by the Australian Taxation Office (ATO) and have told the ATO of that choice — which the Fund does on the form used to apply for an ABN (Australian Business Number).



## Dillenbeck Superannuation Fund (Fund)

To whom it may concern

### Certificate of Compliance —


Used when the member "rolls over" (transfers) benefits from another fund to the Dillenbeck Superannuation Fund.

The Trustee(s) of the Fund certifies that the Fund:

- 1 Is a regulated superannuation fund under the *Superannuation Industry Supervision Act 1993 (SIS Act)*.
- 2 Is a complying superannuation fund within the meaning of section 42A of the SIS Act.
- 3 Is not subject to a direction under Section 63 of the SIS Act and is therefore able to accept employer contributions.
- 4 Is empowered by the Fund's trust deed to receive rolled over or transferred benefits.
- 5 Has received consent to the rollover from the relevant member, as set out below, in accordance with r6.28(i)(b) of the *Superannuation Industry (Supervision) Regulations 1994*.

Signed for and on behalf of the Trustee(s):

Signature of Trustee:

  
\_\_\_\_\_

Name:

TIMOTHY DILLENBECK  
\_\_\_\_\_

Date:

1/2/2008  
\_\_\_\_\_

### Member's Consent to the "rollover"

I, \_\_\_\_\_ (member name), by signing this form, consent to the rollover of my benefits into the Dillenbeck Superannuation Fund.

Signature of Member:

\_\_\_\_\_

Date:

\_\_\_\_\_