

Minutes of Trustee Meeting
JAK SUPER ('the fund')
Purpose of Meeting - Acceptance of Binding Death Benefit Notice

Attended by trustee(s) of JAK SUPER

Held at: 34 BELMORE TERRACE, SUNSHINE BEACH Q 4567

Date:

Present: JAMES EDWARD RINTEL, KIM MICHELLE RINTEL

Chairperson: James Rintel was appointed Chairperson of the meeting.

Acceptance of Binding Death Benefit Notice: The trustee(s) have received a Binding Death Benefit Notice from the following member:

JAMES EDWARD RINTEL

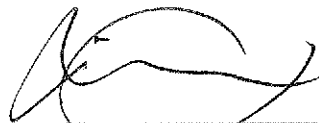
The trustee(s) have reviewed the notice and the rules contained in the trust deed of the fund, and confirm that the Binding Death Benefit Notice is valid and can be accepted.

The trustee(s) resolve to accept the Binding Death Benefit Notice.

The notice will be in effect from this date onwards unless repealed or replaced by the member.

Meeting Closed: There being no further business the meeting was declared closed.

Confirmed as a correct record.



JAMES EDWARD RINTEL

Minutes of Trustee Meeting
JAK SUPER ('the fund')
Purpose of Meeting - Acceptance of Binding Death Benefit Notice

Attended by trustee(s) of **JAK SUPER**

Held at: 34 BELMORE TERRACE, SUNSHINE BEACH Q 4567

Date:

Present: JAMES EDWARD RINTEL, KIM MICHELLE RINTEL

Chairperson: James Rintel was appointed Chairperson of the meeting.

Acceptance of Binding Death Benefit Notice: The trustee(s) have received a Binding Death Benefit Notice from the following member:

KIM RINTEL

The trustee(s) have reviewed the notice and the rules contained in the trust deed of the fund, and confirm that the Binding Death Benefit Notice is valid and can be accepted.

The trustee(s) resolve to accept the Binding Death Benefit Notice.

The notice will be in effect from this date onwards unless repealed or replaced by the member.

Meeting Closed: There being no further business the meeting was declared closed.

Confirmed as a correct record.



JAMES EDWARD RINTEL

Binding Death Benefit Notice

Given by the following member of the fund: **KIM MICHELLE RINTEL**

For their benefits contained within: **JAK SUPER**

Date Prepared:

Introduction:

By completing this nomination form you are confirming the following (please tick ✓):

- ☒ You wish to nominate the person or persons below receive your superannuation benefits upon your death and you require this nomination to be binding on the trustee of the SMSF
- ☒ This nomination is allowable under the rules contained in the trust deed of the fund
- ☒ You have reviewed your personal Will or sought legal advice ensuring the nomination(s) in this notice are aligned and do not conflict with the wishes contained in your personal Will

Binding Death Benefit Notice:

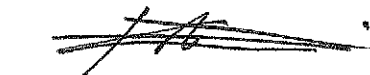
Upon my death, I require the trustee of the fund to pay my benefits to the following person or persons, and in the proportions specified below:

| Surname(s) | Given Name(s) | Relationship | % of Total Benefit |
|------------|---------------|--------------|--------------------|
| RINTEL | JAMES EDWARD | HUSBAND | 100% |
| | | | |
| | | | |
| | | | TOTAL 100% |

The above person(s) nominated must be a Dependant (spouse, child, person in an interdependent relationship with you) or your estate / legal personal representative.

You may also nominate additional persons if the above nominated Dependant(s) predeceases you or is no longer a Dependant as at the time of your death.

| Dependant Nominated Above | Proportion of Total Benefit Nominated % | Person Replacing Deceased Dependant | Relationship |
|---------------------------|---|-------------------------------------|--------------|
| | % | | |
| | % | | |
| | % | | |



Signature of Member

24/1/2019
Date (Form must be dated)

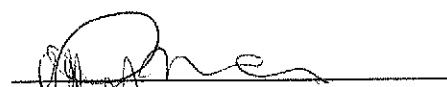
Witnesses to Binding Death Benefit Notice:

To be valid this form must be signed in the presence of two persons who:

- are both over the age of 18 and;
- not Dependents specified above or the legal personal representative of the member.


Signature of Witness

24/1/19
Date


Signature of Witness

24/1/19
Date

Binding Death Benefit Notice

Given by the following member of the fund: **JAMES EDWARD RINTEL**
For their benefits contained within: **JAK SUPER**

Date Prepared:

Introduction:

By completing this nomination form you are confirming the following (please tick ✓):

- ☒ You wish to nominate the person or persons below receive your superannuation benefits upon your death and you require this nomination to be binding on the trustee of the SMSF
- ☒ This nomination is allowable under the rules contained in the trust deed of the fund
- ☒ You have reviewed your personal Will or sought legal advice ensuring the nomination(s) in this notice are aligned and do not conflict with the wishes contained in your personal Will

Binding Death Benefit Notice:

Upon my death, I require the trustee of the fund to pay my benefits to the following person or persons, and in the proportions specified below:

| Surname(s) | Given Name(s) | Relationship | % of Total Benefit |
|------------|---------------|--------------|--------------------|
| RINTEL | Kim Michelle | WIFE | 100% |
| | | | |
| | | | |
| | | | TOTAL 100% |

The above person(s) nominated must be a Dependant (spouse, child, person in an interdependent relationship with you) or your estate / legal personal representative.

You may also nominate additional persons if the above nominated Dependant(s) predeceases you or is no longer a Dependant as at the time of your death.

| Dependant Nominated Above | Proportion of Total Benefit Nominated % | Person Replacing Deceased Dependant | Relationship |
|---------------------------|---|-------------------------------------|--------------|
| | % | | |
| | % | | |
| | % | | |


Signature of Member

24/1/19
Date (Form must be dated)

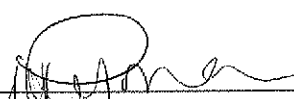
Witnesses to Binding Death Benefit Notice:

To be valid this form must be signed in the presence of two persons who:

- are both over the age of 18 and;
- not Dependants specified above or the legal personal representative of the member.


Signature of Witness

24/1/19
Date


Signature of Witness

24/1/19
Date



Tegal Sari Accommodation
Jalan Hanoman, Padang Tegal,
Ubud 80571, Bali – Indonesia
PO Box 183
Tel : 62-361-973 318
Fax : 62-361-970 701
Email : reservation@tegalsari-ubud.com
<http://www.tegalsari-ubud.com>

AUTHORIZATION LETTER

NAME OF GUEST/PARTY : Ms Kim Rintel

DATES OF STAY : Check-in : June 15, 2019 Check-out: June 28, 2019

CHARGES AUTHORIZED TO BE PLACED ON MY CREDIT CARD

[] ROOM & TAX AT THE AMOUNT OF RP 5,362,500 (50% DEPOSIT)

[] AIRPORT TRANSFER AT THE AMOUNT OF RP 693.000 (100% = RETURN TRIP)

[] OTHER (PLEASE SPECIFY) _____

I HEREBY AUTHORIZE TEGAL SARI ACCOMMODATION TO PLACE THE CHARGES INDICATED ABOVE ON MY CREDIT CARD, TO BE PROCESSED WITHOUT CREDIT CARD IMPRINT

Bank of Issue : National Australia Bank

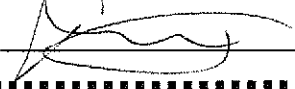
Credit card # 4017 9541 0114 7685 Exp. Date: 02/20

(Billing must be processed in Indonesian Rupiah by law and will be converted at the prevailing bank selling rate – **IDR**, Tegal Sari can not be held liable for the exchange rates)

Card member's name as imprinted : Mr James Rintel

Address where Credit Card Statement is sent : 34 Belmore Terrace Sunshine Beach QLD AUST

Passport Number: PA6736398

Credit member's signature  Date 11 Jan 2019

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(The following section will be completed by the cashier of the hotel)
ALL PHONE ORDERS ARE SUBJECT TO APPROVAL
BY ISSUING CREDIT CARD COMPANY

Approval code : _____

Amount : _____

By : _____

Date : _____ Time : _____