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**MINUTES OF A MEETING OF  
THE TRUSTEES OF  
NETPHREY SUPER  
HELD AT: 14 BERRINGTON CLOSE  
FOREST LAKE QLD 4078**

**ON: 29 JULY 2020**

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**PRESENT:** MICHAEL OXENHAM (Chairman)

**TRUSTEE CAPACITY:** The Chairman tabled documents that advised JEANETTE SUZANNE OXENHAM, a Member of the NETPHREY SUPER, no longer has legal capacity to sign documents due to her medical condition.


As an individual trustee of the super fund, by virtue of clause 5.4 (a) of the trust deed dated 11 March 2013, JEANETTE SUZANNE OXENHAM immediately cease to act as Trustee of the Fund.

In order for the super fund to met a definition of a self-managed super fund, MICHAEL OXENHAM, has been appointed as JEANETTE SUZANNE OXENHAM legal personal representative through an enduring power of attorney. The Chairman tabled the enduring power of attorney. Legislation allows this under 17A (3) (b) (ii) of the Superannuation Industry (Supervision) Act 1993 and by clause 5.2 (d) of the trust deed dated 11 March 2013.

**RESOLVED:** In line with, clause 5.3 (b) (iii) of the trust deed dated 11 March 2013, MICHAEL OXENHAM, has been appointed trustee as legal personal representative of JEANETTE SUZANNE OXENHAM, through an enduring power of attorney.

**CLOSURE:** There being no further business, the meeting was declared closed.

Signed as a Correct Record



MICHAEL OXENHAM

Form 2  
Queensland  
*Powers of Attorney Act 1998*  
(Section 44(1))

## ENDURING POWER OF ATTORNEY OF JEANETTE SUZANNE OXENHAM

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### Short Form

Use this document if you wish to appoint ***the same*** attorney/s for both financial matters and personal matters (including health care).

You may also use it to appoint an attorney (or attorneys) for financial matters **only** or for personal matters (including health care) **only**.

This document can be used by non-English speakers if a qualified interpreter/translator reads it to the person in the person's own language and a signed Statement of Interpreter/Translator is attached.

### SPRANKLIN McCARTNEY LAWYERS

Suite 21, 25 Samuel Street

**CAMP HILL QLD 4152**

(PO Box 109 Camp Hill Qld 4152)

Tel: 07 3397 9622

Fax: 07 3847 7866

CML:BED:190202

If your attorney will be making decisions about buying or selling land, this document must be registered with the Land Titles Office.

### How do I register this document?

It is not necessary to do so unless it is likely to be used in transactions relating to buying or selling land. If you register the document, you must take the original to the Land Titles Office and pay the fee.

If the power is revoked, you must deregister the document by lodging a revocation form in the Land Titles Office.

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## APPOINTING AN ATTORNEY

1. I, JEANETTE SUZANNE OXENHAM of 14 Berrington Close, Forest Lake in the State of Queensland, Retired, **APPOINT** my husband MICHAEL HUMPHREY OXENHAM also of 14 Berrington Close, Forest Lake in the State of Queensland, Retired, and my daughter MICHELLE LORRAINE OXENHAM of 42 Timbertop Mead, Burleigh Heads in the State of Queensland, Artist, and my daughter SARAH LOUISE OXENHAM of 479 Savages Road, Brookfield in the State of Queensland, Nurse, as my attorneys, under this enduring power of attorney for

(Tick one box only)

- ☐ financial matters  
☐ personal/health matters  
☒ financial *and* personal/health matters.

2. Do you want to set any terms for the power given in clause 1 (e.g. limit the power of your attorney or give specific information about your wishes)?

- ☐ No → Go to 4.  
☒ Yes.

3. Write these terms here: (For example: "My attorney/s is not authorised to invest in ABC Pty Ltd shares" or "If I need nursing-home care, I want my attorney to try XYZ Nursing Home first".

- (a) Where my said husband MICHAEL HUMPHREY OXENHAM is my Attorney then I expressly allow and authorise him to enter into transactions on my behalf where my interest and duty could conflict with my Attorney's interest and duty in relation to the transaction and even though my Attorney may derive a direct or indirect benefit therefrom.
- (b) Where I am a member of a superannuation fund, I authorise my Attorney to deal with the trustee of such a fund for the purposes of making and/or revoking and/or renewing a binding death benefit nomination where the nomination is for the benefit of my said husband MICHAEL HUMPHREY OXENHAM.

4. Have you given your attorney/s power to make decisions about financial matters?

- ☐ No → Go to 6.  
☒ Yes.

5. When do you want the power of your attorney/s for financial matters to begin?

(Tick one box only)

- ☒ Immediately.  
☐ On this date:  
☐ On this occasion:

[Note: If clause 5 is not completed, the power begins immediately.]

6. Are you appointing more than one attorney?

- ☐ No → Go to 8.  
☒ Yes.

7. How do you prefer that they make their decisions? (Tick one box only)


- ☐ Severally (any one of them may decide)  
☐ Jointly (unanimously)  
☐ As a majority (if you are appointing more than three attorneys, please specify, e.g. "Simple majority", "Two-thirds majority")

- ☒ Other\* (specify, e.g. "Successively in the order named")  
MICHAEL HUMPHREY OXENHAM in the first instance. If MICHAEL HUMPHREY OXENHAM is unable or unwilling to act then MICHELLE LORRAINE OXENHAM and SARAH LOUISE OXENHAM to act jointly.

\*Note: The Powers of Attorney Act 1988 allows you to appoint successive attorney/s for a matter so that the power is given to a particular attorney only when power to a previous attorneys ends. You can nominate the circumstances that a power will end (eg if x is absent from the jurisdiction y may act).

8. STATEMENT OF UNDERSTANDING

- (1) I fully understand that, by signing this document, I give power to the attorney/s mentioned in clause 1 to make decisions on my behalf about matters mentioned in the same clause.  
(2) I understand that I may specify or limit the attorney/s power, and instruct the attorney/s about the exercise of the power.  
(3) I understand that this gives the attorney/s power to do, for me, anything I could lawfully do myself in relation to these matters (except for special personal/health matters), subject to any terms mentioned in this form.  
(4) I understand that:  
(a) the power of attorney for financial matters (if applicable) begins at the time stated in clause 5 and continues even if I lose capacity;  
(b) the power of attorney for personal/health matters (if applicable) begins only if/when I lose capacity.  
(5) I understand that I may change or revoke this enduring power of attorney at any time so long as my power to make such a decision is not impaired - in other words, so long as I am capable of making another enduring power of attorney.

  
[Signature of principal]

  
[Signature of witness]

15/3/19  
[Date]

## PART 2: For the witness

Your role goes beyond ensuring that the signature of the principal (the person giving the power) is genuine. You certify that the principal appeared to understand the nature and effect of the document, including the matters stated in clause 8 (Statement of understanding). In the future, you may have to provide information about the principal's capacity to understand these matters when giving the power. If you are doubtful about the principal's capacity, you should make the appropriate inquiries, e.g. from the principal's doctor.

**It is strongly recommended that**, if you are in any doubt, you make a written record of the proceedings and of any questions you asked to determine the principal's capacity.

### WITNESS'S CERTIFICATE

9. I, **CHRISTOPHER MING LEE** c/- Suite 21, 25 Samuel Street, Camp Hill, Brisbane in the State of Queensland, state that -

(a) I am a:

- ☐ justice of the peace
- ☐ commissioner for declarations
- ☒ lawyer
- ☐ notary public

(b) I am not:

- ☒ an attorney for the principal
- ☒ or a relation of the principal or of the principal's attorney

(c) (Tick one box only)

- ☒ I am not a current paid carer or health provider for the principal
- ☐ I am a current paid carer or health provider for the principal, but this enduring power of attorney appoints an attorney/s for financial matters only.

**Note:** "Paid carer" does not mean someone receiving a carer's pension or similar benefit.

(d) (Tick one box only)

- ☒ the principal signed this enduring power of attorney in my presence
- ☐ in my presence, the principal instructed a person to sign this enduring power of attorney for the principal, and that person signed it in my presence and in the presence of the principal

and

- (e) ☒ at the time that this enduring power of attorney was signed, the principal appeared to me to understand the matters stated in clause 8.

.....  
[Signature of witness]

.....  
[Date]