

APPLICATION FOR MEMBERSHIP

OF THE

ROOF & BUILDING SERVICE (QLD) PTY LTD  
SUPERANNUATION FUND

I, MARGARET JENSEN date of birth 15.11.46

of 18 BERNECKER STREET, CARINA QLD 4152

hereby apply for membership of the

ROOF & BUILDING SERVICE (QLD) PTY LTD  
SUPERANNUATION FUND

I understand that in the event that this application is accepted I shall be bound by the provisions of the Trust Deed and Rules of the fund as amended from time to time. I declare that I shall not charge, mortgage, transfer, assign or otherwise deal with my benefit under the Fund or attempt to do so during such time as I am a member of the Fund.

A statement setting out my desires concerning the payment of benefits to dependants has been completed and is attached.

Dated this *28th* day of *October* 1986.

Signature of Applicant *Margaret Jensen*

**CONSENT OF TRUSTEE**

I, Margaret Jensen

**HEREBY DECLARE that I:-**

- (a) do not have any prior convictions involving dishonest conduct;
- (b) am not insolvent, bankrupt nor have I entered into any arrangement, assignment or composition with creditors;
- (c) have not had a civil penalty order made against me under the Superannuation Industry (Supervision) Act 1993 ("the Act");
- (d) am, accordingly, not disqualified from acting as Trustee under the Act.

**AND HEREBY CONSENT** to act as Trustee of the **ROOF & BUILDING SERVICE (QLD.) PTY LTD SUPERANNUATION FUND.**

**AND I AGREE** to administer the Fund in accordance with the terms and conditions set out in the Trust Deed.

**I UNDERTAKE** to notify any other Trustee of the Fund and the Insurance and Superannuation Commission in writing if I am for any reason disqualified from continuing to act as a Trustee.

DATED the 25TH day of OCTOBER 1996

Margaret Jensen

**NOMINATION OF BENEFICIARY  
CONFIDENTIAL**

TO: THE TRUSTEE – ROOF & BUILDING SERVICE (QLD) PTY LTD

I nominate the undermentioned persons as my Nominated Beneficiary:

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF TOTAL BENEFIT
JENSEN	STUART WILLIAM	HUSBAND	100%

Name: Mrs Margaret Jensen

Date of Birth: 15/01/1946

Address: 18 Bernecker Street  
CARINA QLD 4152

Signature: <sup>M<sup>1</sup></sup> Margaret Jensen

DATED the 20th day of December, 2007

 COPY

APPLICATION FOR MEMBERSHIP  
OF THE  
ROOF & BUILDING SERVICE (QLD) PTY LTD  
SUPERANNUATION FUND

I, STUART WILLIAM JENSEN                      date of birth 03.07.39

of 18 BERNECKER STREET, CARINA QLD 4152

hereby apply for membership of the

ROOF & BUILDING SERVICE (QLD) PTY LTD  
SUPERANNUATION FUND

I understand that in the event that this application is accepted I shall be bound by the provisions of the Trust Deed and Rules of the fund as amended from time to time. I declare that I shall not charge, mortgage, transfer, assign or otherwise deal with my benefit under the Fund or attempt to do so during such time as I am a member of the Fund.

A statement setting out my desires concerning the payment of benefits to dependants has been completed and is attached.

Dated this 28 day of OCTOBER 1986.

Signature of Applicant

  
.....

8

### NOMINATION OF BENEFICIARY CONFIDENTIAL

TO: THE TRUSTEE – ROOF & BUILDING SERVICE (QLD) PTY LTD

I nominate the undermentioned persons as my Nominated Beneficiary:

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF TOTAL BENEFIT
JENSEN	MARGARET	WIFE	100%

Name: Mr Stuart William Jensen

Date of Birth: 3/07/1939

Address: 18 Bernecker Street  
CARINA QLD 4152.....

Signature: <sup>S<sub>W</sub>J</sup> *Stuart W. Jensen*.....

DATED the 20<sup>th</sup> day of ..... December 2007

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**CONSENT OF TRUSTEE**

I, Stuart William Jensen

**HEREBY DECLARE that I:-**

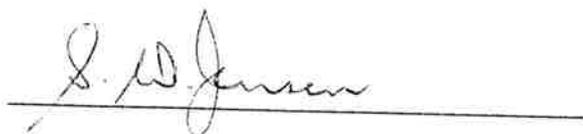
- (a) do not have any prior convictions involving dishonest conduct;
- (b) am not insolvent, bankrupt nor have I entered into any arrangement, assignment or composition with creditors;
- (c) have not had a civil penalty order made against me under the Superannuation Industry (Supervision) Act 1993 ("the Act");
- (d) am, accordingly, not disqualified from acting as Trustee under the Act.

**AND HEREBY CONSENT** to act as Trustee of the **ROOF & BUILDING SERVICE (QLD.) PTY LTD SUPERANNUATION FUND.**

**AND I AGREE** to administer the Fund in accordance with the terms and conditions set out in the Trust Deed.

**I UNDERTAKE** to notify any other Trustee of the Fund and the Insurance and Superannuation Commission in writing if I am for any reason disqualified from continuing to act as a Trustee.

DATED the                      25TH                      day of                      OCTOBER                      19 96

A handwritten signature in cursive script, appearing to read "S. W. Jensen", written over a horizontal line.

APPLICATION FOR MEMBERSHIP

OF THE

ROOF & BUILDING SERVICE (QLD.) PTY LTD  
SUPERANNUATION FUND

I, *Hilton Paul Jensen* date of birth *17/3/67*  
of *18 Bernick Dr. Carina (C/- 15 Levitt St. Eagle Farm*  
hereby apply for membership of the

ROOF & BUILDING SERVICE (QLD.) PTY LTD  
SUPERANNUATION FUND

I understand that in the event that this application is accepted I shall be bound by the provisions of the Trust Deed and Rules of the fund as amended from time to time. I declare that I shall not charge, mortgage, transfer, assign or otherwise deal with my benefit under the Fund or attempt to do so during such time as I am a member of the Fund.

A statement setting out my desires concerning the payment of benefits to dependants has been completed and is attached.

Dated this *27th* day of *April, 1987*.

Signature of Applicant *H. P. Jensen*

**DISQUALIFIED PERSONS STATEMENT**

**I, HILTON PAUL JENSEN**

**HEREBY DECLARE** that I:-

- (a) do not have any prior convictions involving dishonest conduct;
- (b) am not insolvent, bankrupt nor have I entered into any arrangement, assignment or composition with creditors;
- (c) have not had a civil penalty order made against me under the Superannuation Industry (Supervision) Act 1993 ("the Act");
- (d) am, accordingly, not disqualified from acting as Trustee under the Act.

**AND HEREBY CONSENT** to act as a Trustee of the **ROOF & BUILDING SERVICE (QLD) PTY LTD SUPERANNUATION FUND.**

**AND I AGREE** to administer the Fund in accordance with the terms and conditions set out in the Trust Deed.

**I UNDERTAKE** to notify any other Trustee of the Fund and the Australian Prudential Regulation Authority in writing if I am for any reason disqualified from continuing to act as a Trustee.

**DATED** the 30<sup>th</sup> day of June 2001.



A handwritten signature in cursive script, appearing to read 'H. P. Jensen', is written over a horizontal line.

**HILTON PAUL JENSEN**

**NOMINATION OF BENEFICIARY  
CONFIDENTIAL**

TO: THE TRUSTEE – ROOF & BUILDING SERVICE (QLD) PTY LTD

I nominate the undermentioned persons as my Nominated Beneficiary:

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF TOTAL BENEFIT
JENSEN	KERREN LOUISE	WIFE	100%

Name: Mr Hilton Paul Jensen

Date of Birth: 10/04/1970

Address: 3 Errey Street  
CAMP HILL QLD 4152 .....

Signature: <sup>HPI.</sup>  .....

DATED the 20th day of December 2007

SCHEDULE B

BENEFICIARY APPLICATION

TO: The Trustee of the Roof & Building Service (Qld) Pty Ltd Superannuation Fund

I, the undersigned, being eligible hereby apply to become a Beneficiary of the Fund. I agree and undertake as follows:

- (a) I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
- (b) I will upon request make full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other Superannuation Fund, Approved Deposit Fund, RollOver Annuity or Employer.
- (c) I understand the terms and conditions of the Trust Deed and more particularly the terms and conditions of the Deed concerning Benefits payable.
- (d) I will notify the Trustee if at any time I cease to be gainfully employed.
- (e) I consent to the Trustee acting as Trustee of the Fund.
- (f) I declare that at the time I was given this application for Participation in the Fund I was also given advice in writing about the benefits to which I would be entitled, the method of determining that entitlement and the conditions relating to those benefits.

Name: SCOTT ALAN JENSEN

Date of Birth: 28 / 5 / 81 Date of Employment: 9 / 11 / 98

Occupation: Painter

Address: 18 BERNECKER STREET  
CARINA QLD 4152

Applicant's signature: *S.A. Jensen*

Dated the 8TH day of NOVEMBER 19 98

## DISQUALIFIED PERSONS STATEMENT

I, SCOTT ALAN JENSEN

HEREBY DECLARE that I:-

- (a) do not have any prior convictions involving dishonest conduct;
- (b) am not insolvent, bankrupt nor have I entered into any arrangement, assignment or composition with creditors;
- (c) have not had a civil penalty order made against me under the Superannuation Industry (Supervision) Act 1993 ("the Act");
- (d) am, accordingly, not disqualified from acting as Trustee under the Act.

AND HEREBY CONSENT to act as a Trustee of the **ROOF & BUILDING SERVICE (QLD) PTY LTD SUPERANNUATION FUND.**

AND I AGREE to administer the Fund in accordance with the terms and conditions set out in the Trust Deed.

I UNDERTAKE to notify any other Trustee of the Fund and the Australian Prudential Regulation Authority in writing if I am for any reason disqualified from continuing to act as a Trustee.

DATED the 30<sup>th</sup> day of June 2001.



A handwritten signature in cursive script, appearing to read 'S.A. Jensen', is written over a horizontal line.

SCOTT ALAN JENSEN

**NOMINATION OF BENEFICIARY  
CONFIDENTIAL**

TO: THE TRUSTEE – ROOF & BUILDING SERVICE (QLD) PTY LTD

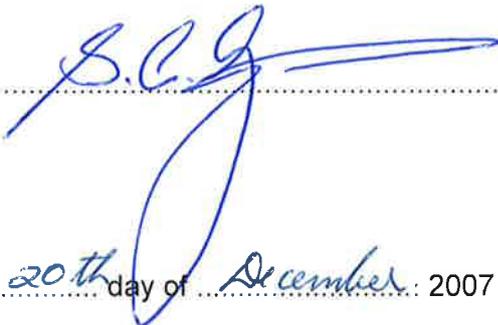
I nominate the undermentioned persons as my Nominated Beneficiary:

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF TOTAL BENEFIT
JENSEN	ANNAISE MICHELLE	WIFE	100%

Name: Mr Scott Alan Jensen

Date of Birth: 28/05/1981

Address: <sup>10</sup> 18 Bernecker Street  
CARINA QLD 4152.....

Signature: <sup>SAJ</sup> 

DATED the 20<sup>th</sup> day of December 2007



# Superannuation Individual Tax File Number Notification via Fund Trustee or Employer

**COPY**

This form may only be used to pass on your tax file number to your superannuation fund.  
(Please print neatly in BLOCK LETTERS with a black or blue pen only).

Fund Name: ROOF & BUILDING SERVICE (QLD.) PTY LTD SUPERANNUATION FUND

Fund Address: 15 FERRET STREET, EAGLE FARM Q 4009 (P.O. Box 426 Hamilton Q 4007)

Fund Telephone No: (07) 3268-5566

Employer Name: ROOF & BUILDING SERVICE (QLD.) Telephone No: (07) 3268-5566  
(if applicable)

Your Surname/Family Name: JENSEN

Given Names: STUART WILLIAM Date of Birth: 3 / 7 / 39

Membership Number: (if known) Sex: Male  Female

I agree to provide my Tax File Number: Yes  No

My Tax File Number: 4 7 7 0 0 6 5 3 4

Signature: [Handwritten Signature] Date: 7 / 3 / 97

Collection of tax file numbers is authorised by tax laws, the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1988. Changes to the tax file number law require trustees 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 where 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 (you will get this back at the end of the financial year in your income tax assessment); and
- it may be more difficult to find your superannuation benefits if you change address without notifying your fund or to amalgamate any multiple superannuation accounts.

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.

For more information, please contact your fund or the ATO Superannuation Helpline (13 10 20).



# Superannuation Individual Tax File Number Notification via Fund Trustee or Employer

This form may only be used to pass on your tax file number to your superannuation fund.  
(Please print neatly in BLOCK LETTERS with a black or blue pen only).

Fund Name: ROOF & BUILDING SERVICE (QLD.) PTY LTD SUPERANNUATION FUND

Fund Address: 15 FERRET STREET, EAGLE FARM Q 4009 (P O Box 426 Hamilton Q 4001)

Fund Telephone No: (07) 3268-5566

Employer Name: ROOF & BUILDING SERVICE (QLD.) Telephone No: (07) 3268-5566  
(if applicable)

Your Surname/Family Name: JENSEN

Given Names: MARGARET

Date of Birth: 15/11/46

Membership Number: (if known)

Sex: Male  Female

I agree to provide my Tax File Number:

Yes  No

My Tax File Number: 4 8 3 6 5 5 2 4 2

Signature: Margaret Jensen

Date: 13/1/97

Collection of tax file numbers is authorised by tax laws, the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1988. Changes to the tax file number law require trustees 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.

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(Please print neatly in BLOCK LETTERS with a black or blue pen only).

Fund Name: ROOF & BUILDING SERVICE (QLD.) PTY LTD SUPERANNUATION FUND

Fund Address: 15 FERRET STREET, EAGLE FARM Q 4009 (P.O. Box 426 Hamilton Q 400)

Fund Telephone No: (07) 3268-5566

Employer Name: ROOF & BUILDING SERVICE (QLD.) Telephone No: (07) 3268-5566  
(if applicable)

Your Surname/Family Name: JENSEN

Given Names: HILTON PAUL

Date of Birth: 10/4/70

Membership Number: (if known)

Sex: Male  Female

I agree to provide my Tax File Number:

Yes  No

My Tax File Number: 4 9 1 5 4 0 1 4 8

Signature: [Handwritten Signature]

Date: 12/3/97

Collection of tax file numbers is authorised by tax laws, the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1988. Changes to the tax file number law require trustees 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 where you receive a benefit or have unclaimed superannuation money after reaching the aged pension age; and
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# Superannuation Individual Tax File Number Notification via Fund Trustee or Employer

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Fund Name: ROOF & BUILDING SERVICE (QLD.) PTY LTD

Fund Address: 15 FERRET STREET, EAGLE FARM QLD 4009

Fund Telephone No: (07) 3268-5566

Employer Name: ROOF & BUILDING SERVICE (QLD.) PTY LTD Telephone No: (07) 3268-5566  
(if applicable)

Your Surname/~~Family Name~~ JENSEN

Given Names: SCOTT ALAN

Date of Birth: 28/ 5/ 81

Membership Number: not applicable  
(if known)

Sex: Male  Female

I agree to provide my Tax File Number:

Yes  No

My Tax File Number: 

1	9	7	4	7	8	5	1	4
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Signature: *[Handwritten Signature]*

Date: 9 / 11 / 98

Collection of tax file numbers is authorised by tax laws, the *Superannuation Industry (Supervision) Act 1993* and the *Privacy Act 1988*. Changes to the tax file number law require trustees 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 where you receive a benefit or have unclaimed superannuation money after reaching the aged pension age; and
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For more information, please contact your fund or the ATO Superannuation Helpline (13 10 20).

 COPY

**STUART W JENSEN, MARGARET JENSEN, HILTON P JENSEN AND SCOTT A JENSEN  
ATF ROOF & BUILDING SERVICE (QLD.) PTY LTD SUPERANNUATION FUND  
MINUTES OF MEETING OF THE TRUSTEE(S) HELD ON 1/2/07  
AT 18 BERNECKER STREET, CARINA QLD 4152**

PRESENT:

Stuart William Jensen  
Margaret Jensen  
Hilton Paul Jensen  
Scott Alan Jensen

PURCHASE OF  
ASSETS:

The Trustees resolved to acquire a property situated at 15 Ferret Street Eagle Farm for the amount of \$1,350,000.00 (One million, three hundred and fifty thousand dollars).

The Trustees considered the Investment Strategy and have resolved to redevelop the property and consider this would be a desired investment in view of the recent growth in the area.

CLOSURE:

There being no further business the meeting was closed.

  
.....  
Stuart William Jensen  
Chairperson