

## Director resolution

I AND L TOPP SMSF PTY LTD - ACN 641 098 802

### Trust deed

---

- 1 A trust deed establishing I AND L TOPP SMSF (Fund) and a member application for each member have been provided to the Company.
- 2 The Company proposes to act as trustee of the Fund pursuant to the trust deed and to:
  - a) apply to become a regulated complying self-managed superannuation fund;
  - b) apply to the Australian Taxation Office (ATO) for an Australian Business Number (ABN) and a Tax File Number (TFN) for the Fund;
  - c) establish a cash account (such as a cash management trust) or cheque account for the Fund;
  - d) appoint an administrator or accountant to the Fund; and
  - e) appoint an auditor to the Fund.

### Resolution

---

- 3 To consent to act as trustee of the Fund.
- 4 To execute the trust deed and any ancillary documents required to establish the Fund.
- 5 To complete the following:
  - a) establish a cash account and deposit funds in the account to be held in the name of the Company as trustee for the Fund;
  - b) notify the ATO of the Fund's intent to become a regulated self-managed superannuation fund;
  - c) complete ABN and TFN forms to be filed with the ATO;
  - d) formulate and implement an investment strategy of the Fund;
  - e) appoint relevant professionals including, where required, an accountant, administrator, auditor, SMSF expert, SMSF investment expert and any other professional deemed appropriate; and
  - f) accept Ian Brett Topp and Leeanne Susan Topp as initial members of the Fund.

**The Directors**

---

Signed by Ian Brett Topp and Leeanne Susan Topp:



**Ian Brett Topp**  
Director

Dated: 22-5-2020



**Leeanne Susan Topp**  
Director

Dated: 22-5-2020

## APPLICATION FOR MEMBERSHIP FORM

### I AND L TOPP SMSF (FUND)

**Trustee:** I AND L TOPP SMSF PTY LTD - ACN 641 098 802  
**Member Name:** Ian Brett Topp  
**Residential address:** 19 Lord Byron Parade, STRATHPINE, QLD 4500  
**Date of birth:** 31 December 1979  
**TFN:** 430 368 085

I apply for membership with the Fund and warrant as follows as a condition of my application:

- 1 I am not bankrupt.
- 2 I have had the opportunity to meet with legal, financial and accounting advisors, and am satisfied that membership in the Fund is appropriate to my circumstances and needs.
- 3 I understand that if I am accepted as a member, my membership may be subject to restrictions and/or classifications.
- 4 I understand that I may only contribute to the Fund if I am eligible under the Superannuation Laws to do so, and this includes any contributions made by other parties on my behalf.
- 5 I understand that membership in a self managed superannuation fund carries with it risks, including but not limited to risks associated with disagreement with other members, liquidity and investment risk, and such other risks which follow the nature of a SMSF arrangement and I am comfortable becoming a member, notwithstanding those risks.
- 6 I agree that, unless I provide notice to the Trustee in writing, I do not require any insurance to be held within the Fund in respect of me.
- 7 I undertake to provide any relevant information or documentary evidence to the Trustee and agree to submit to health and medical tests as and when requested by the Trustee.
- 8 I acknowledge the Trustee may collect my personal identification documents and Tax File Number (TFN), which will be treated as confidential in accordance with the *Privacy Act 1988 (Cth)* (**Privacy Legislation**) and will only be used for legal purposes.
- 9 I acknowledge that submitting this application allows the Trustee to use my TFN for the purposes contained in the Law (as defined in the trust deed for the Fund), including:
  - a providing information to the Australian Taxation Office;
  - b paying employment termination payments;
  - c amalgamating superannuation benefits; and
  - d providing information to other superannuation funds receiving any benefits I may select (unless I ask in writing for it to be withheld).
- 10 I authorise the Trustee to retain and store information on my behalf despite any provision to the contrary in any Privacy Legislation.

- 11 I agree to all of the terms and conditions set out in the trust deed for the Fund, as amended from time to time.
- 12 I declare that the information I provide to the Trustee is true and correct. I acknowledge it is my responsibility to inform the Trustee of any error or changes regarding these matters.

**The Member**

---

Signed by Ian Brett Topp:

  
\_\_\_\_\_  
Ian Brett Topp  
Member

Dated: 22/5/20

## APPLICATION FOR MEMBERSHIP FORM

### I AND L TOPP SMSF (FUND)

**Trustee:** I AND L TOPP SMSF PTY LTD - ACN 641 098 802  
**Member Name:** Leeanne Susan Topp  
**Residential address:** 19 Lord Byron Parade, STRATHPINE, QLD 4500  
**Date of birth:** 25 June 1979  
**TFN:** 192 531 175

I apply for membership with the Fund and warrant as follows as a condition of my application:

- 1 I am not bankrupt.
- 2 I have had the opportunity to meet with legal, financial and accounting advisors, and am satisfied that membership in the Fund is appropriate to my circumstances and needs.
- 3 I understand that if I am accepted as a member, my membership may be subject to restrictions and/or classifications.
- 4 I understand that I may only contribute to the Fund if I am eligible under the Superannuation Laws to do so, and this includes any contributions made by other parties on my behalf.
- 5 I understand that membership in a self managed superannuation fund carries with it risks, including but not limited to risks associated with disagreement with other members, liquidity and investment risk, and such other risks which follow the nature of a SMSF arrangement and I am comfortable becoming a member, notwithstanding those risks.
- 6 I agree that, unless I provide notice to the Trustee in writing, I do not require any insurance to be held within the Fund in respect of me.
- 7 I undertake to provide any relevant information or documentary evidence to the Trustee and agree to submit to health and medical tests as and when requested by the Trustee.
- 8 I acknowledge the Trustee may collect my personal identification documents and Tax File Number (TFN), which will be treated as confidential in accordance with the *Privacy Act 1988 (Cth)* (**Privacy Legislation**) and will only be used for legal purposes.
- 9 I acknowledge that submitting this application allows the Trustee to use my TFN for the purposes contained in the Law (as defined in the trust deed for the Fund), including:
  - a providing information to the Australian Taxation Office;
  - b paying employment termination payments;
  - c amalgamating superannuation benefits; and
  - d providing information to other superannuation funds receiving any benefits I may select (unless I ask in writing for it to be withheld).
- 10 I authorise the Trustee to retain and store information on my behalf despite any provision to the contrary in any Privacy Legislation.

- 11 I agree to all of the terms and conditions set out in the trust deed for the Fund, as amended from time to time.
- 12 I declare that the information I provide to the Trustee is true and correct. I acknowledge it is my responsibility to inform the Trustee of any error or changes regarding these matters.

**The Member**

---

Signed by Leeanne Susan Topp:



Leeanne Susan Topp  
Member

Dated: 22/05/2020