

## Internal Control and Fraud Questionnaire

| <b>SECTION A – FUND DETAILS</b> |                         |
|---------------------------------|-------------------------|
| Fund name                       | Walden Family Superfund |
| Balance date                    | 30 June 2021            |

| <b>SECTION B – BANK ACCOUNTS</b> |  |
|----------------------------------|--|
| Authorised Signatories           | Are all trustees/directors authorized to operate the fund's bank accounts?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| Operating Instructions           | How are the fund's bank accounts operated?<br><input type="checkbox"/> Any authorized signatory <input checked="" type="checkbox"/> Any two authorized signatories<br><input type="checkbox"/> All authorized signatories  |
| Third party Access               | Is any other person and/or company authorized to access the fund's bank accounts?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If yes, who? _____<br>If yes, what type of authority do they hold?<br><input type="checkbox"/> Full <input type="checkbox"/> Redemption <input type="checkbox"/> Fee withdrawal <input type="checkbox"/> Enquiry |

| <b>SECTION C – INVESTMENTS</b> |  |
|--------------------------------|--|
| Authorised Signatories         | Are all trustees/directors authorized to buy /sell investments?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| Third party Access             | Is any other person and/or company authorized to access the fund's investments?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If yes, who? _____<br>If yes, what type of authority do they hold?<br><input type="checkbox"/> Full <input type="checkbox"/> Redemption <input type="checkbox"/> Fee withdrawal <input type="checkbox"/> Enquiry |

| <b>SECTION D – OPERATIONS</b> |  |
|-------------------------------|--|
| Decisions                     | Are operational decisions approved by all trustees/directors prior to implementation?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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| SECTION E – TRUSTEE MEETINGS |   |
|------------------------------|---|
| Meetings                     | Do trustees/directors meet at least quarterly?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If no, how often? <u>Annually</u>  |
| Attendance                   | Are trustee meetings attended by all trustees/directors?<br><input checked="" type="checkbox"/> Always <input type="checkbox"/> Regularly <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely                            |
| Minutes                      | Are operational and investment decisions minuted separately or collectively?<br><input type="checkbox"/> Separately <input checked="" type="checkbox"/> Collectively <input type="checkbox"/> Both <input type="checkbox"/> Not minuted |
| Decision making              | Do trustees/directors exhibit equal powers when decision making?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |

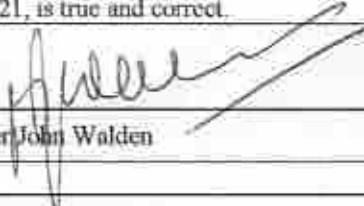

| SECTION F – DUTIES AND OBLIGATIONS |   |
|------------------------------------|---|
| Trust Deed                         | Are all trustees/directors fully aware of their obligations under the terms of the fund's trust deed?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Assisted by service providers |
| Superannuation Law                 | Are all trustees/directors fully aware of their obligations under superannuation law?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Assisted by service providers                 |

| SECTION G – DISASTER RECOVERY POLICY |   |
|--------------------------------------|---|
| Significant Risk                     | Do the trustees/directors have disaster recovery procedures in place to ensure<br>(a) adequate systems/file backup and recovery?<br><input checked="" type="checkbox"/> Yes (some reliance may be placed on fund administrator) <input type="checkbox"/> No<br>(b) adequate protection of records against fire and theft?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

| SECTION H – SERVICE PROVIDERS |  |
|-------------------------------|--|
| Formal Agreements             | Do the trustees/directors have in place (where applicable) formal agreements with service providers (eg. Administrators, investment advisers, actuaries, auditors and tax agents)?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only informal verbal agreements exist |
| Regular Reports               | Do service providers provide regular reports to trustees/directors?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Only when necessary   |
| Regular Review                | Do the trustees/directors have in place a policy for regularly reviewing the performance of service providers?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Performed on an informal basis only   |

## Internal Control and Fraud Questionnaire

| SECTION I – FRAUD  |   |
|--------------------|---|
| Risk Assessment    | <p>Have the trustees/directors made an assessment of the risk that the financial report may be materially misstated due to fraud?</p> <p>_____ Yes <input checked="" type="checkbox"/> Not considered necessary.</p> <p>If yes, what is the nature, extent and frequency of such assessment?</p> <p>_____</p> <p>If yes, what procedures are in place to identify and respond to the risks of fraud?</p> <p>_____</p> |
| Existence of Fraud | <p>Do trustees / directors have knowledge of any actual, suspected or alleged fraud affecting the fund?</p> <p>_____ Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please provide details.</p> <p>_____</p>   |
|                    |   |

| SECTION J – SIGNATURE AND DECLARATION  |   |      |         |
|--|---|------|---------|
| I declare that to the best of my knowledge, the information provided in this questionnaire, which relates to the year ended 30 June 2021, is true and correct. |   |      |         |
| Signature  |  | Date | 29/9/21 |
| Full Name  | Peter John Walden   |      |         |
| Signature  |  | Date | 29/9/21 |
| Full Name  | Chona Marie Walden  |      |         |
| Signature  |   | Date |         |
| Full Name  |   |      |         |
| Signature  |   | Date |         |
| Full Name  |   |      |         |