

THE OPDAM FAMILY SUPERANNUATION FUND

REGISTER OF TRUSTEES

Doc 1.8

Date Appointed	Trustee Name	Trustee Address	Date Ceased
30/10/2012	Walter Opdam	UNIT 3 57 CROWN ROAD QUEENSCLIFF NSW 2096	
30/10/2012	Luanna Jeanne Wells	UNIT 3 57 CROWN ROAD QUEENSCLIFF NSW 2096	

**THE OPDAM FAMILY SUPERANNUATION FUND
(FUND)**

CONSENT TO ACT AS TRUSTEE

under section 118 of the Superannuation Industry (Supervision) Act 1993

I, Walter Opdam

c/- UNIT 3 57 CROWN ROAD
QUEENSCLIFF
NSW 2096

- a) hereby declare that I am not *disqualified from acting as a trustee of a superannuation fund under the Superannuation Industry (Supervision) Act 1993;
- b) hereby consent to act as a trustee for the Fund constituted by deed executed on 30/10/2012 _____;
- c) hereby agree to administer the Fund in accordance with the terms and conditions set out in the trust deed;
- d) hereby undertake to notify any other trustee for the Fund and the Australian Taxation Office, in writing, if I am for any reason disqualified from continuing to act as a trustee; and
- e) I hereby state that I understand my obligations and responsibilities as a trustee of the Fund.

DATED 30/10/2012 _____



Walter Opdam

* Note re: disqualification

The Superannuation Industry (Supervision) Act 1993 provides that the following persons are disqualified from acting as a Trustee:

1. Persons who have prior convictions involving dishonest conduct, wherever or whenever such conviction may have occurred.
2. Persons who are insolvent, bankrupt, or have entered into arrangements, assignments or compositions with creditors under Part X of the *Bankruptcy Act 1966* (Cth) or a similar foreign law.
3. Persons in relation to whom a civil penalty order has been made under the Superannuation Industry (Supervision) Act 1993.
4. Persons expressly declared not to be "fit and proper" persons under sections 126A(3) or 126H(5) of the Superannuation Industry (Supervision) Act 1993.

**THE OPDAM FAMILY SUPERANNUATION FUND
(FUND)**

CONSENT TO ACT AS TRUSTEE

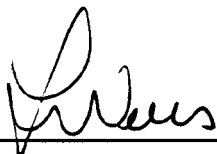
under section 118 of the Superannuation Industry (Supervision) Act 1993

I, Luanna Jeanne Wells

c/- UNIT 3 57 CROWN ROAD
QUEENSCLIFF
NSW 2096

- a) hereby declare that I am not *disqualified from acting as a trustee of a superannuation fund under the Superannuation Industry (Supervision) Act 1993;
- b) hereby consent to act as a trustee for the Fund constituted by deed executed on 30/10/2012;
- c) hereby agree to administer the Fund in accordance with the terms and conditions set out in the trust deed;
- d) hereby undertake to notify any other trustee for the Fund and the Australian Taxation Office, in writing, if I am for any reason disqualified from continuing to act as a trustee; and
- e) I hereby state that I understand my obligations and responsibilities as a trustee of the Fund.

DATED 30/10/2012



Luanna Jeanne Wells

* Note re: disqualification

The Superannuation Industry (Supervision) Act 1993 provides that the following persons are disqualified from acting as a Trustee:

- 1. Persons who have prior convictions involving dishonest conduct, wherever or whenever such conviction may have occurred.
- 2. Persons who are insolvent, bankrupt, or have entered into arrangements, assignments or compositions with creditors under Part X of the *Bankruptcy Act 1966* (Cth) or a similar foreign law.
- 3. Persons in relation to whom a civil penalty order has been made under the Superannuation Industry (Supervision) Act 1993.
- 4. Persons expressly declared not to be "fit and proper" persons under sections 126A(3) or 126H(5) of the Superannuation Industry (Supervision) Act 1993.

**THE OPDAM FAMILY SUPERANNUATION FUND
(FUND)
RESOLUTION OF TRUSTEES**

We, the undersigned:

Walter Opdam
Luanna Jeanne Wells

being all of the trustees for the Fund ("**Trustees**") do hereby resolve as follows:

**STAMPING OF TRUST
DEED:**

That following the execution of the original and duplicate trust deed for the Fund, the Trustees arrange for the stamping of the original trust deed (if applicable).

**INVESTMENT
STRATEGY:**

That the Trustees formulate and implement an investment strategy for the Fund in accordance with the requirements of the Superannuation Industry (Supervision) Act 1993 and Superannuation Industry (Supervision) Regulations 1994 and that the Trustees consider progress within 60 days, it being noted that the Trustees may offer members a choice of investment strategies under clause 15.5 of the trust deed.

BANK ACCOUNT:

That a bank account be opened in the name of the Fund at the _____ branch of the _____ Bank to facilitate the operations of the Fund.

TAX FILE NUMBER:

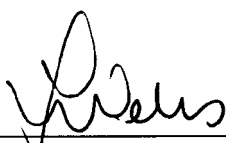
That an application for a tax file number for the Fund be made.

DATED 30/10/2012



Walter Opdam





Luanna Jeanne Wells



**THE OPDAM FAMILY SUPERANNUATION FUND
(FUND)
RESOLUTION OF TRUSTEES**

We, the undersigned:

Walter Opdam
Luanna Jeanne Wells

being all of the trustees for the Fund ("**Trustees**") do hereby resolve as follows:

**SUPERANNUATION
FUND MEMBERSHIP:**

That the Trustees note that each of the undermentioned has completed and lodged with the Trustees an Application for Membership Form

MEMBER NAME


Walter Opdam
Luanna Jeanne Wells

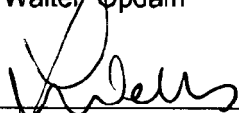
and each such person is admitted to Membership of the Fund with effect from the date of this Resolution.

NOTICE TO MEMBERS:


That each such member of the Fund be given a written statement in accordance with the requirements for product disclosure statements for complying superannuation funds. Further resolved that such statement set out the details of benefits and conditions relating to those benefits together with the method of determination of member entitlements as set out in the trust deed for the Fund and all other information concerning the Fund which the Trustees may consider relevant or which the member may reasonably require.


DATED 30/10/2012



Walter Opdam


Luanna Jeanne Wells





**THE OPDAM FAMILY SUPERANNUATION FUND
(FUND)
RESOLUTION OF TRUSTEES**

We, the undersigned:

Walter Opdam
Luanna Jeanne Wells

being all of the trustees for the Fund ("**Trustees**") do hereby resolve as follows:


**ELECTION TO BE A
REGULATED
SUPERANNUATION
FUND:**

That upon the Trustees being satisfied that the trust deed for the Fund contains all necessary requirements to facilitate the operation of the Fund as a regulated superannuation fund, the Trustees make an irrevocable election in the approved form that the Fund is to be a regulated superannuation fund under the Superannuation Industry (Supervision) Act 1993 and also provide the Australian Taxation Office (ATO) with the information prescribed under regulation 11.04 of the Superannuation Industry (Supervision) Regulations 1994 in order to ensure that the Fund becomes entitled to concessional taxation treatment in accordance with the provisions of the Income Tax Assessment Act 1936.

**EXECUTION OF
APPROVED FORM:**

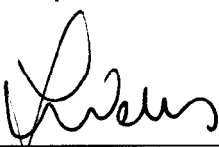
That the Trustees execute the approved form tabled with this resolution and lodge it with the ATO within seven days of establishment of the Fund.

DATED 30/10/2012



Walter Opdam

_____ 



Luanna Jeanne Wells

_____ 

Name of Dependant initially nominated above	Proportion of Total Benefit nominated above	Name of Person taking the place of the deceased Dependant	Relationship to the Member	Transferred via Lump Sum or Pension

Member to Sign Binding Death Benefit Notice

You must sign this form below.

Signature of Member

Date (Please ensure that you date this part of the form)

Witnesses to Binding Death Benefit Notice

Two independent witnesses must sign this form below.

We declare that the Member signed and dated this form in our presence and that:

- we are each 18 years of age or over; and
- we are neither the Dependants specified above nor the legal personal representatives of the Member.

Signature of Witness

Date (Please ensure that you date this part of the form)

Signature of Witness

Date (Please ensure that you date this part of the form)

SECTION 2

BINDING DEATH BENEFIT NOTICE

Complete this form if you wish to nominate who should receive your superannuation benefits on your death, and you want that nomination to be binding on the trustee.

Details of the Fund

Fund Name: _____

Member Name: _____

Beneficiaries

The person or persons nominated must be either a Dependant (as defined under the Superannuation Industry (Supervision) Act 1993 (Cth) and the Superannuation Industry (Supervision) Regulations 1994 (Cth), your legal personal representative or a combination of both. If you wish to nominate your legal personal representative, please write the words "legal personal representative" or "estate".

I require the trustee to pay, upon my death, benefits to the person or persons, and in what proportions, specified below:

Surname(s)	Given Name(s)	Relationship to the Member	% of Total Benefit	Transferred via Lump Sum or Pension
			Total must equal 100%	

If any of the persons nominated above predecease me, I require the trustee to pay, upon my death, the part of my death benefit that would otherwise have been payable to the deceased person noted above, to the person or persons nominated below:

Name of Dependant initially nominated above	Proportion of Total Benefit nominated above	Name of Person taking the place of the deceased Dependant	Relationship to the Member	Transferred via Lump Sum or Pension

Member to Sign Non-Blinding Death Benefit Notice

You must sign this form below.

Signature of Member

Date (Please ensure that you date this part of the form)

SECTION 1

NON-BINDING DEATH BENEFIT NOTICE

Complete this form if you wish to nominate who should receive your superannuation benefits on your death, and you do not want that nomination to be binding on the trustee.

Details of the Fund

Fund Name: _____

Member Name: _____

Beneficiaries

The person or persons nominated must be either a Dependant (as defined under the Superannuation Industry (Supervision) Act 1993 (Cth) and the Superannuation Industry (Supervision) Regulations 1994 (Cth), your legal personal representative or a combination of both. If you wish to nominate your legal personal representative, please write the words "legal personal representative" or "estate".

I nominate the undermentioned persons as the person or persons who I wish to receive my superannuation benefits on my death:

Surname(s)	Given Name(s)	Relationship to the Member	% of Total Benefit	Transferred via Lump Sum or Pension
			Total must equal 100%	

If any of the persons nominated above predecease me, I wish that the part of my death benefit that would otherwise have been payable to the deceased person noted above, be paid to the person or persons nominated below:

Name of Dependant initially nominated above	Proportion of Total Benefit nominated above	Name of Person taking the place of the deceased Dependant	Relationship to the Member	Transferred via Lump Sum or Pension

Member to Sign Binding Death Benefit Notice

You must sign this form below.

Signature of Member

____/____/____
Date (Please ensure that you date this part of the form)

Witnesses to Binding Death Benefit Notice

Two independent witnesses must sign this form below.

We declare that the Member signed and dated this form in our presence and that:

- we are each 18 years of age or over; and
- we are neither the Dependents specified above nor the legal personal representatives of the Member.

Signature of Witness

____/____/____
Date (Please ensure that you date this part of the form)

Signature of Witness

____/____/____
Date (Please ensure that you date this part of the form)

SECTION 2

BINDING DEATH BENEFIT NOTICE

Complete this form if you wish to nominate who should receive your superannuation benefits on your death, and you want that nomination to be binding on the trustee.

Details of the Fund

Fund Name: _____

Member Name: _____

Beneficiaries

The person or persons nominated must be either a Dependant (as defined under the Superannuation Industry (Supervision) Act 1993 (Cth) and the Superannuation Industry (Supervision) Regulations 1994 (Cth)), your legal personal representative or a combination of both. If you wish to nominate your legal personal representative, please write the words "legal personal representative" or "estate".

I require the trustee to pay, upon my death, benefits to the person or persons, and in the proportions, specified below:

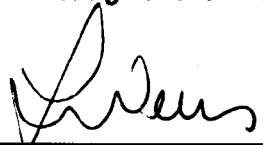
Surname(s)	Given Name(s)	Relationship to the Member	% of Total Benefit	Transferred via Lump Sum or Pension
			Total must equal 100%	

If any of the persons nominated above predecease me, I require the trustee to pay, upon my death, the part of my death benefit that would otherwise have been payable to the deceased person noted above, to the person or persons nominated below:

Name of Dependant initially nominated above	Proportion of Total Benefit nominated above	Name of Person taking the place of the deceased Dependant	Relationship to the Member	Transferred via Lump Sum or Pension

Member to Sign Non-Binding Death Benefit Notice

You must sign this form below.



 Signature of Member

____/____/____
 Date (Please ensure that you date this part of the form)

SECTION 1

NON-BINDING DEATH BENEFIT NOTICE

Complete this form if you wish to nominate who should receive your superannuation benefits on your death, and you do not want that nomination to be binding on the trustee.

Details of the Fund

Fund Name: THE OPDAM FAMILY SUPERANNUATION FUND

Member Name: LUANNA JEANNE WELLS

Beneficiaries

The person or persons nominated must be either a Dependant (as defined under the Superannuation Industry (Supervision) Act 1993 (Cth) and the Superannuation Industry (Supervision) Regulations 1994 (Cth)), your legal personal representative or a combination of both. If you wish to nominate your legal personal representative, please write the words "legal personal representative" or "estate".

I nominate the undermentioned persons as the person or persons who I wish to receive my superannuation benefits on my death:

Surname(s)	Given Name(s)	Relationship to the Member	% of Total Benefit	Transferred via Lump Sum or Pension
OPDAM	WALTER	DEFACTO	100	Lump Sum
			Total must equal 100%	

If any of the persons nominated above predecease me, I wish that the part of my death benefit that would otherwise have been payable to the deceased person noted above, be paid to the person or persons nominated below:

LUANNA JEANNE WELLS

DEATH BENEFIT NOTICES

Please tick the relevant box:-

I wish to give a **NON-BINDING** DEATH BENEFIT NOTICE.To give your **NON-BINDING** DEATH BENEFIT NOTICE, please tick this box and complete **Section 1** below.

- OR -

I wish to give a **BINDING** DEATH BENEFIT NOTICE.To give your **BINDING** DEATH BENEFIT NOTICE, please tick this box and complete **Section 2** below ensuring that your signature is witnessed as set out below.**DO NOT COMPLETE BOTH BOXES**

Name of Dependant initially nominated above	Proportion of Total Benefit nominated above	Name of Person taking the place of the deceased Dependant	Relationship to the Member	Transferred via Lump Sum or Pension

Member to Sign Binding Death Benefit Notice

You must sign this form below.

Signature of Member

_____/_____/_____
Date (Please ensure that you date this part of the form)

Witnesses to Binding Death Benefit Notice

Two independent witnesses must sign this form below.

We declare that the Member signed and dated this form in our presence and that:

- we are each 18 years of age or over; and
- we are neither the Dependents specified above nor the legal personal representatives of the Member.

Signature of Witness

_____/_____/_____
Date (Please ensure that you date this part of the form)

Signature of Witness

_____/_____/_____
Date (Please ensure that you date this part of the form)

SECTION 2

BINDING DEATH BENEFIT NOTICE

Complete this form if you wish to nominate who should receive your superannuation benefits on your death, and you want that nomination to be binding on the trustee.

Details of the Fund

Fund Name: _____

Member Name: _____

Beneficiaries

The person or persons nominated must be either a Dependant (as defined under the Superannuation Industry (Supervision) Act 1993 (Cth) and the Superannuation Industry (Supervision) Regulations 1994 (Cth)), your legal personal representative or a combination of both. If you wish to nominate your legal personal representative, please write the words "legal personal representative" or "estate".

I require the trustee to pay, upon my death, benefits to the person or persons, and in the proportions, specified below.

Surname(s)	Given Name(s)	Relationship to the Member	% of Total Benefit	Transferred via Lump Sum or Pension
			Total must equal 100%	

If any of the persons nominated above predecease me, I require the trustee to pay, upon my death, the part of my death benefit that would otherwise have been payable to the deceased person noted above, to the person or persons nominated below:

Name of Dependant initially nominated above	Proportion of Total Benefit nominated above	Name of Person taking the place of the deceased Dependant	Relationship to the Member	Transferred via Lump Sum or Pension

Member to Sign Non-Binding Death Benefit Notice

You must sign this form below.

Signature of Member

____/____/____
Date (Please ensure that you date this part of the form)

SECTION 1

NON-BINDING DEATH BENEFIT NOTICE

Complete this form if you wish to nominate who should receive your superannuation benefits on your death, and you do not want that nomination to be binding on the trustee.

Details of the Fund

Fund Name: _____

Member Name: _____

Beneficiaries

The person or persons nominated must be either a Dependant (as defined under the Superannuation Industry (Supervision) Act 1993 (Cth) and the Superannuation Industry (Supervision) Regulations 1994 (Cth)), your legal personal representative or a combination of both. If you wish to nominate your legal personal representative, please write the words "legal personal representative" or "estate".

I nominate the undermentioned persons as the person or persons who I wish to receive my superannuation benefits on my death:

Surname(s)	Given Name(s)	Relationship to the Member	% of Total Benefit	Transferred via Lump Sum or Pension
			Total must equal 100%	

If any of the persons nominated above predecease me, I wish that the part of my death benefit that would otherwise have been payable to the deceased person noted above, be paid to the person or persons nominated below:

WALTER OPDAM**DEATH BENEFIT NOTICES**

Please tick the relevant box:-



I wish to give a **NON-BINDING** DEATH BENEFIT NOTICE.

To give your NON-BINDING DEATH BENEFIT NOTICE, please tick this box and complete **Section 1** below.

- OR -



I wish to give a **BINDING** DEATH BENEFIT NOTICE.

To give your BINDING DEATH BENEFIT NOTICE, please tick this box and complete **Section 2** below ensuring that your signature is witnessed as set out below.

DO NOT COMPLETE BOTH BOXES

**THE OPDAM FAMILY SUPERANNUATION FUND
(FUND)**

APPLICATION FOR MEMBERSHIP

TO: THE TRUSTEES OF THE FUND

AGREEMENT AND UNDERTAKING

I, the undersigned person, being eligible for membership, hereby apply for admission to membership of the Fund. I agree and undertake that:

if I am an employee of any other Member, I am also a Relative of the other Member(s);

I am not disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;

I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time;

I will, on request, make full disclosure in writing of any information required by the Trustee in respect of my medical condition or my membership of the Fund including any circumstance which may have the effect that:

I may become an employee of any other Member or Members where I will not also be a Relative of the other Member(s); or

I may become disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;

I understand the terms and conditions of the Trust Deed including my obligations as a Trustee and I agree to sign and deliver to the Australian Taxation Office such form or declaration in connection with my accepting the office of a Trustee or as a Director of the Trustee as may be required under the Relevant Law within such period as the Relevant Law requires;

I understand the terms and conditions of Division B of the Deed concerning Benefits payable;

I understand that I am not legally obliged to provide by tax File Number (TFN) to the Trustee but if I do not provide my TFN, concessional contributions will be taxed at the highest marginal tax rate plus the Medicare levy and the Fund will not be able to accept non-concessional contributions.

My TFN is 260720572.

I agree to act as a Trustee for the Fund or to act as a Director of the trustee.

Name:	Luanna Jeanne Wells
Address:	UNIT 3 57 CROWN ROAD QUEENSCLIFF NSW 2096
Date of Birth:	21/04/1956


Signature of Member

_____/_____/_____
Date (Please ensure that you date this part of the form)

**THE OPDAM FAMILY SUPERANNUATION FUND
(FUND)**

APPLICATION FOR MEMBERSHIP

TO: THE TRUSTEES OF THE FUND

AGREEMENT AND UNDERTAKING

I, the undersigned person, being eligible for membership, hereby apply for admission to membership of the Fund. I agree and undertake that:

if I am an employee of any other Member, I am also a Relative of the other Member(s);

I am not disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;

I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time;

I will, on request, make full disclosure in writing of any information required by the Trustee in respect of my medical condition or my membership of the Fund including any circumstance which may have the effect that:

I may become an employee of any other Member or Members where I will not also be a Relative of the other Member(s); or

I may become disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;

I understand the terms and conditions of the Trust Deed including my obligations as a Trustee and I agree to sign and deliver to the Australian Taxation Office such form or declaration in connection with my accepting the office of a Trustee or as a Director of the Trustee as may be required under the Relevant Law within such period as the Relevant Law requires;

I understand the terms and conditions of Division B of the Deed concerning Benefits payable;

I understand that I am not legally obliged to provide my tax File Number (TFN) to the Trustee but if I do not provide my TFN, concessional contributions will be taxed at the highest marginal tax rate plus the Medicare levy and the Fund will not be able to accept non-concessional contributions.

My TFN is 131803966.

I agree to act as a Trustee for the Fund or to act as a Director of the trustee.

Name:	Walter Opdam
Address:	UNIT 3 57 CROWN ROAD QUEENSCLIFF NSW 2096
Date of Birth:	10/09/1957



Signature of Member

_____/_____/_____
Date (Please ensure that you date this part of the form)

THE OPDAM FAMILY SUPERANNUATION FUND

Doc 1.8

REGISTER OF MEMBERS

Date Appointed	Member Name	Member Address	Date Ceased
30/10/2012	Walter Opdam	UNIT 3 57 CROWN ROAD QUEENSLIFF NSW 2096	
30/10/2012	Luanna Jeanne Wells	UNIT 3 57 CROWN ROAD QUEENSLIFF NSW 2096	