

Office Holders/Members (cont.)

Member 3 / Director 3

First Name

Middle/Other Name

Family Name

Residential Address

Place of Birth (town/state)

DOB

TFN

Position

Director

Secretary

Member

Public Officer

Chairman

Number of Shares

Amount per Share

Share Class

Declaration

I hereby declare the following:

- The information provided on this form is true and correct at the time of signing;
- I consent to act as a Director/Secretary/Public Officer of the above named; &
- I accept the proposed constitution of the above named; &
- I am unaware, or have no reasonable grounds to suspect, that a person who is, or is acting as, a responsible officer of the trustee is a disqualified person as defined in section 120(1) of the Superannuation Industry (Supervision) Act 1993.

Signature

Date

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Signature

Date

Further Information

For further information or assistance in completing this form, please contact

Guy Wuoti on (07) 5532 1161,

Please E-mail completed forms to: admin@smsfoptions.com

or post to:

SMSF Options Pty Ltd

PO Box 108

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