

# CATS ALIVE SMSF

## Application for membership

With indicative death benefit nomination

No binding Death benefit nomination

*(This Application Form must be inserted after the Product Disclosure Statement)*

*[N.B.: Choices in [brackets] must be struck out if not relevant].*

I hereby apply for membership of this fund as an initial member of this fund under the trust deed. I hereby make the following declarations as listed below:

- I have read and understood the trust deed, including all the terms relating to withdrawal of benefits payable in the deed, and the preceding Product Disclosure Statement (PDS),
- I have read the requirements of supplying my tax file number in the PDS; I hereby supply my tax file number to the trustee of this superannuation fund.
- I have read and understood the trust deed and Product Disclosure Statement and understand my role & responsibility as member and director of the trustee company of the fund.
- I am not in an employment relationship with [any other member/any other member except a relative of myself].
- I am not disqualified person, under superannuation law, from being director of the trustee company of the fund.
- I will, as member, abide by and comply with all requirements of the trust deed.
- I will fully and truthfully disclose any information relating to my membership of the fund that is required by the trustee, disclosing such information in writing as soon as is practicable upon such a request being made by the trustee, including:
  - If I have entered into an employment relationship with any other member of the fund who is not also a relative of myself, then any information about the circumstances leading to such a relationship
  - Any information about any circumstance (if any) that may disqualify me under superannuation law from being director of the trustee company of the fund.
  - Any information that relates to my medical condition, whether or not I have any medical problems.
- I will also act as a director of the trustee company of this fund.

### Member details

Name	Rachael Lisa Crombie
Address	11 Rockport Ridge WELLARD WA-6170 Australia
Place of Birth	WELLINGTON - New Zealand
Date of birth	5/06/1971
Tax File Number	176521052



Rachael Lisa Crombie

Dated..... 26/09/2019 .....