

THE LEWIS FAMILY SUPERANNUATION FUND (FUND)

APPLICATION FOR MEMBERSHIP

TO: THE TRUSTEE 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:

- (a) If I am an Employee of any other Member, I am also a Relative of the other Member(s);
- (b) I am not disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;
- (c) I will be bound by the governing rules for the Fund as they are or may be varied from time to time;
- (d) 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) 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
 - (ii) I may become Disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;
- (e) I understand the terms and conditions of the governing rules 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;
- (f) I understand the terms and conditions of the governing rules concerning Benefits payable;
- (g) 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;
- (h) My TFN is 336 248 531 ;
- (i) I agree to act as a Trustee for the Fund or to act as a Director of the Trustee.

Name:	Darren Lewis
Address:	24 Ocean View Pde Charlestown NSW 2290
Date of Birth:	30 July 1966


Signature of Applicant

25, 10, 2021
Date (Please ensure that you date this part of the form)


THE LEWIS FAMILY SUPERANNUATION FUND (FUND)

NOTICE OF COMPLIANCE – EMPLOYER CONTRIBUTIONS

This statement is to confirm that for the year of income of the Fund to date:

1. the Fund has been conducted as a complying self managed superannuation fund within the meaning of sections 17A and 42A of the *Superannuation Industry (Supervision) Act 1993* and *Superannuation Industry (Supervision) Regulations 1994* and that the trustee intends that the Fund continue to be maintained as a complying superannuation fund;
2. the Fund is not subject to a direction under section 63 of the *Superannuation Industry (Supervision) Act 1993*;
3. the Fund will accept rollovers and contributions and is empowered by the Fund's governing rules to do so; and
4. the Fund has received a request and consents to accepting contributions relating to the following member as set out below, in accordance with regulation 6.28(1)(b) of the *Superannuation Industry (Supervision) Regulations 1994*.

Signed for and on behalf of the trustee of the Fund:



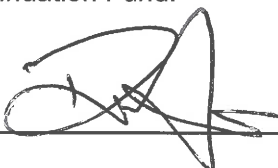
25/10/21

Date:

Member's Request re Contributions

I, Darren Lewis, by signing this form, consent and request that my superannuation contributions from my employment at PROSPERITY ADVISERS (employer name), be paid into The Lewis Family Superannuation Fund.

Signature of Member:



25/10/21

Date:

**THE LEWIS FAMILY SUPERANNUATION FUND
(FUND)**

NOTICE OF COMPLIANCE – ROLLOVER REQUEST

This statement is to confirm that for the year of income of the Fund to date:

1. the Fund has been conducted as a complying self managed superannuation fund within the meaning of sections 17A and 42A of the *Superannuation Industry (Supervision) Act 1993* and *Superannuation Industry (Supervision) Regulations 1994* and that the trustee intends that the Fund continue to be maintained as a complying superannuation fund;
2. the Fund is not subject to a direction under section 63 of the *Superannuation Industry (Supervision) Act 1993*;
3. the Fund will accept rollovers and contributions and is empowered by the Fund's governing rules to do so; and
4. the Fund has received a request and consents to accept the rollover relating to the following member as set out below, in accordance with regulation 6.28(1)(b) of the *Superannuation Industry (Supervision) Regulations 1994*.

Signed for and on behalf of the trustee of the Fund:



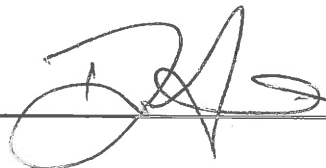
Date:

25 / 10 / 21

Member's Consent to the rollover

I, Darren Lewis, by signing this form, consent to the rollover of my benefits into The Lewis Family Superannuation Fund.

Signature of Member:



Date:

25 / 10 / 21

THE LEWIS FAMILY SUPERANNUATION FUND (FUND)

APPLICATION FOR MEMBERSHIP

TO: THE TRUSTEE 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:

- (a) If I am an Employee of any other Member, I am also a Relative of the other Member(s);
- (b) I am not disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;
- (c) I will be bound by the governing rules for the Fund as they are or may be varied from time to time;
- (d) 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) 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
 - (ii) I may become Disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;
- (e) I understand the terms and conditions of the governing rules 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;
- (f) I understand the terms and conditions of the governing rules concerning Benefits payable;
- (g) 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;
- (h) My TFN is 209 347 135;
- (i) I agree to act as a Trustee for the Fund or to act as a Director of the Trustee.

Name:	Kim Lewis
Address:	24 Ocean View Pde Charlestown NSW 2290
Date of Birth:	3 February 1978


Signature of Applicant

25 / 10 / 21
Date (Please ensure that you date this part of the form)

THE LEWIS FAMILY SUPERANNUATION FUND (FUND)

NOTICE OF COMPLIANCE – EMPLOYER CONTRIBUTIONS

This statement is to confirm that for the year of income of the Fund to date:

1. the Fund has been conducted as a complying self managed superannuation fund within the meaning of sections 17A and 42A of the *Superannuation Industry (Supervision) Act 1993* and *Superannuation Industry (Supervision) Regulations 1994* and that the trustee intends that the Fund continue to be maintained as a complying superannuation fund;
2. the Fund is not subject to a direction under section 63 of the *Superannuation Industry (Supervision) Act 1993*;
3. the Fund will accept rollovers and contributions and is empowered by the Fund's governing rules to do so; and
4. the Fund has received a request and consents to accepting contributions relating to the following member as set out below, in accordance with regulation 6.28(1)(b) of the *Superannuation Industry (Supervision) Regulations 1994*.

Signed for and on behalf of
the trustee of the Fund:



Date:

25.10.21

Member's Request re Contributions

I, Kim Lewis, by signing this form, consent and request that my superannuation contributions from my employment at Saddington Holdings (employer name), be paid into The Lewis Family Superannuation Fund.

Signature of Member:



Date:

25.10.21

**THE LEWIS FAMILY SUPERANNUATION FUND
(FUND)**

NOTICE OF COMPLIANCE – ROLLOVER REQUEST

This statement is to confirm that for the year of income of the Fund to date:

1. the Fund has been conducted as a complying self managed superannuation fund within the meaning of sections 17A and 42A of the *Superannuation Industry (Supervision) Act 1993* and *Superannuation Industry (Supervision) Regulations 1994* and that the trustee intends that the Fund continue to be maintained as a complying superannuation fund;
2. the Fund is not subject to a direction under section 63 of the *Superannuation Industry (Supervision) Act 1993*;
3. the Fund will accept rollovers and contributions and is empowered by the Fund's governing rules to do so; and
4. the Fund has received a request and consents to accept the rollover relating to the following member as set out below, in accordance with regulation 6.28(1)(b) of the *Superannuation Industry (Supervision) Regulations 1994*.

Signed for and on behalf of the trustee of the Fund:



Date:

25.10.21

Member's Consent to the rollover

I, Kim Lewis, by signing this form, consent to the rollover of my benefits into The Lewis Family Superannuation Fund.

Signature of Member:



Date:

25.10.21
