

**APPLICATION FOR MEMBERSHIP FORM
STEVEN NILAND SUPERANNUATION SCHEME**

Member Name: Steven Francis Niland
Residential address: 104 Sutherland Road, JANNALI, NSW 2226
Date of birth: 30 March 1959
TFN: 126 952 018

I apply to for membership with the Fund, and warrant as follows as a condition of my application:

1. I am not bankrupt.
2. I agree to act as a Natural Person Trustee, or as a Director of a Corporate Trustee, and in this capacity to act in accordance with the terms of the Governing Rules of the Fund, Special Rules of the Fund and the Superannuation Laws.
3. I acknowledge that the defined terms contained in this Application for Membership are identical to those used in the trust deed governing the Fund, and that I have had the opportunity to read and consider the Governing Rules of the Fund.
4. I have also had the opportunity to meet with legal, financial and accounting advisors, and am satisfied that membership in the Fund is appropriate to my circumstances and needs.
5. I understand that if I am accepted as a member, my membership may be subject to restrictions and/or classifications.
6. I understand that I may only contribute to the Fund if I am eligible under the Superannuation Laws to do so, and this includes any contributions made by other parties on my behalf.
7. I understand that membership in a SMSF carries with it risks, including but not limited to risks associated with disagreement with other members, liquidity and investment risk, and such other risks which follow the nature of a SMSF arrangement.
8. I acknowledge the Trustee is not and will not be liable for any loss suffered as a result of transactions being delayed or frozen.
9. I agree that, unless I provide notice to the Trustee in writing, I do not require any insurance to be held within the Fund in respect of me.
10. I undertake to provide any relevant information or documentary evidence to the Trustee and agree to submit to health and medical tests as and when requested by the Trustee.
11. I acknowledge the Trustee may collect my personal identification documents (as shown in Section Two) and Tax File Number (**TFN**), which will be treated as confidential in accordance with the *Privacy Act 1988 (Cth)* (**Privacy Legislation**) and will only be used for legal purposes (such as identifying and locating my Superannuation Interests, and calculating tax on any eligible termination payment I may be entitled to receive).
12. I agree to provide the Trustee with my TFN. I authorise the Trustee to provide my TFN to any other Superannuation Fund in which my Superannuation Interest may be transferred to and/or to the ATO.

13. I authorise the Trustee to retain and store information on my behalf despite any provision to the contrary in any Privacy Legislation.
14. I agree, if required, to complete any documentation which the Trustee may require, including a Binding Death Benefit Nomination, Substitute Decision-Maker Nomination, Default Superannuation Fund Nomination, and alike. I understand that it is beneficial to all members of the Fund to record my Nominations, so as to limit the opportunity and/or likelihood of disputes and other costs to the Fund associated with misunderstandings.
15. I understand that if I become a bankrupt person or subject to a Mandatory Transfer Event, the Trustee may, but is not required unless the Superannuation Laws prescribed, Roll-over my Superannuation Interests to any other Eligible Entity. If I have made a Default Superannuation Fund Nomination, then my Trustee will have regard to such Nominations. I also understand that the Trustee may not seek my consent in rolling over my Superannuation Interests in the event I am bankrupt or subject to a Mandatory Transfer Event.
16. I understand if I can make a Binding Death Benefit Nomination and/or SMSF Will, the Nomination may not be effected if I have nominated a person who is not eligible to receive the benefit under the Superannuation Laws, if I have made direction in respect to an Asset of the Fund which is not quarantined to my Superannuation Interest and/or I make a direction which threatens the solvency and/or SMSF Complying status of the Fund. I understand that it is best practice to disclose my Binding Death Benefit Nomination and/or SMSF to the Trustee and for the Trustee to obtain legal, financial and/or accounting advice to ascertain if the Nomination is lawful. I understand that the Trustee has no obligation to obtain advice, and it is therefore important that I obtain independent advice and consult with the Trustee. I understand that the Fund has limited membership and onerous terms (such as complicated Conditions of Release of Benefits and cascading provisions) may not be appropriate or agreeable. If I wish to include complicated provisions or attempt to quarantine a Fund Asset to pay a benefit from my Superannuation Interests, that it is best that I seek Trustee consent before making such provisions in my Binding Death Benefit Nomination and/or SMSF Will.
17. I declare that the information I provide to the Trustee is true and correct. I acknowledge it is my responsibility to inform the Trustee of any error or changes regarding these matters.



Steven Francis Niland

Dated: 05 July 2017

**NOTICE OF ACCEPTANCE TO ACT FORM
Steven Niland Superannuation Scheme**

Name: Steven Francis Niland
Residential address: 104 Sutherland Road, JANNALI, NSW 2226
Date of birth:
TFN:

I, the above-named person, accept to act as Trustee of the Fund/Director of the Corporate Trustee of the Fund and:

- I have read and considered **Part Two of the Governing Rules** and agree to act in accordance with such terms.
- I acknowledge I have had the opportunity to seek legal, financial and accounting advice prior to accepting to act.
- I acknowledge that if I act as a Substitute Decision-Maker of a Member, my appointment is subject to the terms of **the Governing Rules** and I agree to retire upon the terms shown therein.
- I acknowledge that as a condition of my acceptance that I must act in accordance with the Governing Rules, Special Rules and Superannuation Laws which apply to the Fund.
- I acknowledge that if I fail to act in good faith and with due regard to such the Governing Rules, Special Rules and Superannuation Laws, that I may be held personally liable and potentially criminally liable (if I act fraudulently or with gross wanton misconduct).
- I acknowledge that if I am subject to a Mandatory Transfer Event that I am required by the Governing Rules to confer with the other Trustees/Directors of the Corporate Trustee of the Fund, and may be required to relinquish my position.
- I have read and considered Part Two of the Governing Rules and agree to act in accordance with such terms.
- I authorise the Trustee/Directors of the Corporate Trustee of the Fund to record this Declaration in the books and records of the Fund.

Steven Francis Niland of 104 Sutherland Road, JANNALI, NSW 2226:



Steven Francis Niland



MICHELLE GOODYER

Witness Name / Signature

Dated: 05 July 2017

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