

**Application For Membership (Ben)**

1. I, the person whose details appear in the Schedule, hereby apply for membership of the above mentioned Fund.
2. In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the Fund Deed and any rules made thereunder.
3. I hereby consent to:
  - (a) (where the Trustee of the Fund is a corporation) – be a director of the trustee corporation and I provide the information in the Schedule in compliance with my obligations under the *Corporations Act 2001* (Cth); and
  - (b) (where the Trustee is or are natural persons) – to be a trustee of the Fund.
4. I declare that I am not a disqualified person within the meaning of Section 120 of the Superannuation Industry (Supervision) Act 1993.
5. Where there is an Employer Sponsor applicable to me I hereby authorise that Employer Sponsor to deduct from my salary and pay to the Fund as contributions the amounts (if any) as are from time to time agreed upon by myself and my Employer as contributions to be made by me to the above mentioned Fund.

**Schedule:**

FULL NAME	BEN PATRICK THILTHORPE
FORMER GIVEN AND FAMILY NAMES (IF ANY)	
ADDRESS	28 ORCHARD AVENUE, EVERARD PARK, SA 5035
DATE OF BIRTH	20 AUGUST 1978
PLACE OF BIRTH	MODBURY
TAX FILE NUMBER	420 333 980

Signature 

Date 1 July 2019

**TFN Notification (Ben)**

Name:	BEN PATRICK THILTHORPE
Address:	28 ORCHARD AVENUE, EVERARD PARK, SA 5035
Date of Birth:	20 AUGUST 1978
Sex:	Male                      -Female-                      (delete inapplicable)

I agree to provide my Tax File Number: Tax

File Number:

4	2	0	3	3	3	9	8	0
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Signature 

Date 1 July 20 19

Collection of tax file numbers is authorised by tax laws, the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1998. Changes to the tax file number law require Trustee to ask you to provide your tax file number to your superannuation fund. By completing this form and providing it to your fund will allow your fund trustee to use your tax file number for the purposes contained in the Superannuation Industry (Supervision) Act 1993 and for the purpose of paying eligible termination payments.

The purposes currently authorised include:

- taxing eligible termination payments at concessional rates;
- finding and amalgamating your superannuation benefits where insufficient information is available;
- passing your tax file number to the Australian Taxation Office whereby you receive a benefit or have unclaimed superannuation money after reaching the aged pension age; and
- allowing the trustee of your superannuation fund to provide your tax file number to a superannuation fund receiving any benefits you may transfer. Your trustee won't pass your tax file number to any other fund if you tell the trustee in writing that you don't want them to pass it on.

You are not required to provide your tax file number. Declining to quote your tax file number is not an offence. However, if you do not give your superannuation fund your tax file number, either now or later, you may pay more tax on your superannuation benefits than you have to.

The lawful purposes for which your tax file number can be used and the consequences of not quoting your tax file number may change in future, as a result of legislative change.

**Application For Membership (Claudine)**

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2. In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the Fund Deed and any rules made thereunder.
3. I hereby consent to:
  - (c) (where the Trustee of the Fund is a corporation) – be a director of the trustee corporation and I provide the information in the Schedule in compliance with my obligations under the *Corporations Act 2001* (Cth); and
  - (d) (where the Trustee is or are natural persons) – to be a trustee of the Fund.
4. I declare that I am not a disqualified person within the meaning of Section 120 of the Superannuation Industry (Supervision) Act 1993.
5. Where there is an Employer Sponsor applicable to me I hereby authorise that Employer Sponsor to deduct from my salary and pay to the Fund as contributions the amounts (if any) as are from time to time agreed upon by myself and my Employer as contributions to be made by me to the above mentioned Fund.

**Schedule:**

FULL NAME	CLAUDINE STELLA LOUISE THILTHORPE
FORMER GIVEN AND FAMILY NAMES (IF ANY)	BOURGOIN
ADDRESS	28 ORCHARD AVENUE, EVERARD PARK, SA 5035
DATE OF BIRTH	10 JANUARY 1982
PLACE OF BIRTH	WODONGA
TAX FILE NUMBER	361 259 707

Signature  .....

Date ..... 1 July 2019 .....

**TFN Notification (Claudine)**

Name:	CLAUDINE STELLA LOUISE THILTHORPE
Address:	28 ORCHARD AVENUE, EVERARD PARK, SA 5035
Date of Birth:	10 JANUARY 1982
Sex:	<del>Male</del> Female (delete inapplicable)

I agree to provide my Tax File Number: Tax

File Number:

3	6	1	2	5	9	7	0	7
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Signature  .....

Date... 1 July ..... 2019

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**Application For Membership (Frank)**

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3. I hereby consent to:
  - (e) (where the Trustee of the Fund is a corporation) – be a director of the trustee corporation and I provide the information in the Schedule in compliance with my obligations under the *Corporations Act 2001* (Cth); and
  - (f) (where the Trustee is or are natural persons) – to be a trustee of the Fund.
4. I declare that I am not a disqualified person within the meaning of Section 120 of the Superannuation Industry (Supervision) Act 1993.
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**Schedule:**

FULL NAME	FRANCESCO BARBARO
FORMER GIVEN AND FAMILY NAMES (IF ANY)	
ADDRESS	69 SCHULZE ROAD, ATHELSTONE, SA 5076
DATE OF BIRTH	16 JULY 1981
PLACE OF BIRTH	MODBURY
TAX FILE NUMBER	197 321 967

Signature .....



Date .....

1 July 2019

**TFN Notification (Frank)**

Name:	FRANCESCO BARBARO
Address:	69 SCHULZE ROAD, ATHELSTONE, SA 5076
Date of Birth:	16 JULY 1981
Sex:	Male <del>Female</del> (delete inapplicable)

I agree to provide my Tax File Number: Tax

File Number:

1	9	7	3	2	1	9	6	7
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Signature .....  ..... Date ..... 1 July ..... 2019

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The purposes currently authorised include:

- taxing eligible termination payments at concessional rates;
- finding and amalgamating your superannuation benefits where insufficient information is available;
- passing your tax file number to the Australian Taxation Office whereby you receive a benefit or have unclaimed superannuation money after reaching the aged pension age; and
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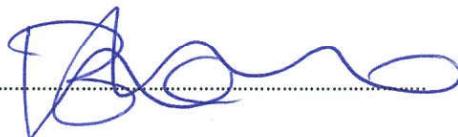
**Application For Membership (Joanne)**

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  - (g) (where the Trustee of the Fund is a corporation) – be a director of the trustee corporation and I provide the information in the Schedule in compliance with my obligations under the *Corporations Act 2001* (Cth); and
  - (h) (where the Trustee is or are natural persons) – to be a trustee of the Fund.
4. I declare that I am not a disqualified person within the meaning of Section 120 of the Superannuation Industry (Supervision) Act 1993.
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**Schedule:**

FULL NAME	JOANNE BARBARO
FORMER GIVEN AND FAMILY NAMES (IF ANY)	AGOSTINO
ADDRESS	69 SCHULZE ROAD, ATHELSTONE, SA 5076
DATE OF BIRTH	27 MARCH 1986
PLACE OF BIRTH	BAULKHAM HILLS
TAX FILE NUMBER	344 336 754

Signature .....



Date... 1 July 2019 .....

**TFN Notification (Joanne)**

Name:	JOANNE BARBARO
Address:	69 SCHULZE ROAD, ATHELSTONE, SA 5076
Date of Birth:	27 MARCH 1986
Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> (delete inapplicable)

I agree to provide my Tax File Number: Tax

File Number:

3	4	4	3	3	6	7	5	4
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Signature  Date 1 July 2019

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