

## MEMBERSHIP APPLICATION FORM

**RICKTARR Pty Ltd**  
**ACN: 624 112 894**  
 as trustee for  
**SG & F Super Fund**  
 (Trustee)

To the Trustee

I, **RICHARD MELVILLE TARR**, of 133 Spinaway Parade, Falcon, WA 6210, apply to the Trustee to become a member of the SG & F Super Fund (**Fund**) and agree that, should I be accepted as a member by the Trustee, I will be bound by the trust deed establishing the Fund (**Trust Deed**) and any subsequent amendments to the Trust Deed and that I will make any and all full disclosures in writing of information required by the Trustee.

I acknowledge that:

- if I am an employee of any other member, I am also a relative of the other member(s); and
- I am not disqualified under the Superannuation Industry (Supervision) Act 1993 from holding the office of a Trustee or as a director of the Trustee.

I understand that it is not compulsory to provide the Trustee with my tax file number (**TFN**), 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. In doing so, I acknowledge that the Trustee may use my TFN for lawful purposes, including disclosing my TFN to another superannuation fund where I request that my benefits in the Fund are transferred to that other superannuation fund.

If my TFN is quoted below, I have considered the above and decided to provide my TFN to the Trustee(s) on my Membership Application Form: TFN 547 218 177.

I nominate my legal personal representative to receive any death benefits payable in the event of my death.

- or -

I nominate the following persons to be my nominated superannuation dependants:

Surname	Given names	Relationship	% of total benefits
TARR	DARCI MELVILLE	SON	16.66% <i>h</i>
TARR	RAUKIN ANTHONY	SON	16.66%
TARR	SAXON JAMES	SON	16.66%
PLEASE TURN OVER EXTRA CHILDREN ON BACK OF PAGE <i>h</i>			

I acknowledge that the above nomination is not binding on the Trustee, and that if I so wish, I may prepare and provide to the Trustee a binding death benefit nomination.

I acknowledge that I have received a Product Disclosure Statement for the Fund, which details the nature of the Fund and the rights, benefits and risks that attach to my membership of the Fund.


I declare that the information I will provide to the Trustee and the contents of this application are true and correct.

Dated: 08/03/2018 *h*

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 RICHARD MELVILLE TARR

SURNAME	GIVEN NAMES	RELATIONSHIP	% OF TOTAL BENEFITS
TARR	CASSANDRA RI'ANNE.	DAUGHTER	16.66 %
TARR	RILEY 'ANNE PATRICIA	DAUGHTER	16.66 %
TARR	PAIGE ANNE 'MAREE.	DAUGHTER	16.66 %

ABOVE IS ACCURATE FAMILY  
MEMBERS TO BE INCLUDED.

 RICHARD  
TARR 08/03/18.