

## APPLICATION FOR MEMBERSHIP FORM

### A & J JONES SUPER FUND (FUND)

**Trustee:** A & J JONES SMSF PTY LTD - ACN 641 859 350  
**Member Name:** Jacinta Helen Jones  
**Residential address:** 18 Pear Street, Redland Bay, QLD 4165  
**Date of birth:** 12 November 1980  
**TFN:** 341 126 444

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

- 1 I am not bankrupt.
- 2 I have 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.
- 3 I understand that if I am accepted as a member, my membership may be subject to restrictions and/or classifications.
- 4 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.
- 5 I understand that membership in a self managed superannuation fund 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 and I am comfortable becoming a member, notwithstanding those risks.
- 6 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.
- 7 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.
- 8 I acknowledge the Trustee may collect my personal identification documents 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.
- 9 I acknowledge that submitting this application allows the Trustee to use my TFN for the purposes contained in the Law (as defined in the trust deed for the Fund), including:
  - a providing information to the Australian Taxation Office;
  - b paying employment termination payments;
  - c amalgamating superannuation benefits; and
  - d providing information to other superannuation funds receiving any benefits I may select (unless I ask in writing for it to be withheld).
- 10 I authorise the Trustee to retain and store information on my behalf despite any provision to the contrary in any Privacy Legislation.

- 11 I agree to all of the terms and conditions set out in the trust deed for the Fund, as amended from time to time.
- 12 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.

**The Member**

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Signed by Jacinta Helen Jones:



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Jacinta Helen Jones  
Member

Dated: 25-6-2020