

SJL Super and Retirement Fund
Application for Membership (Replacement)

To the Trustee of the Fund.

FULL NAME	Sally Field-Leal	TAX FILE No.	143185213
ADDRESS	298 CARTWRIGHT AVE, SUTTON NSW 2620		
OCCUPATION	N/A	DATE OF BIRTH	27-04-1967

I apply for admission as a Member of the Fund and, in consideration of my admission as a Member:

1. I consent to being a trustee or director of a corporate trustee unless I am specifically excepted from this requirement under the Standards (eg, due to a legal disability such as under 18 years or being of unsound mind). I accept the responsibilities and liabilities of being a trustee or a director of a corporate trustee to a superannuation fund.
2. I agree to be bound by the provisions of the trust deed governing the Fund. I acknowledge that the expressions and meanings in this Application are identical to those used in the trust deed.
3. I undertake to provide any relevant information or documentary evidence and agree to submit to health and medical tests as requested from time to time by the Trustee related to my membership of the Fund.
4. I nominate the following Preferred Dependants (eg, spouse, children and/or a person who is financially dependent on me or in an interdependency relationship with me) should be paid any benefit that I have in the Fund on my death. I understand that the nomination of a Preferred Dependand below does not bind the Trustee and is overridden by any Binding Nomination in respect of my death benefit:

NAME	RELATIONSHIP	% OF BENEFIT
JOSE PRATES - LEAL	HUSBAND	100%

5. I acknowledge that the Trustee can collect my tax file number ('TFN') under the Standards.
6. I understand that the Trustee will only use the TFN for legal purposes. This includes finding or identifying my superannuation benefits where other information is insufficient, and calculating tax on any eligible termination payment I may be entitled to.
7. I understand that it is not an offence to omit my TFN from this application. But if I do omit to provide it now or later, I may pay more tax on my benefits than I would otherwise have to pay (but which may be later credited to a later assessment of tax) and I may lose benefits which are more difficult to find or to amalgamate with other benefits I am entitled to.
8. I acknowledge that the Trustee may provide any TFN disclosed to the Trustee to the trustee of any other superannuation fund to which my benefits are transferred in the future or to the Australian Taxation Office. However, I understand that my TFN will not be passed on in the event I direct the Trustee in writing not to disclose my TFN and, in any event, my TFN will be treated as confidential in accordance with the *Privacy Act 1988* (Cth).
9. I authorise the Trustee to retain and store information on my behalf despite any contrary provision in any privacy legislation.
10. I declare that the information I provide to the Trustee will be true and correct. I acknowledge that it is my responsibility to inform the trustee of any error or changes regarding these matters.

SIGNATURE: S. Field

DATE: 26/06/2023