

**APPLICATION FOR MEMBERSHIP
OF
HAIMES FAMILY PTY LTD ATF HAIMES FAMILY SUPERANNUATION FUND**

Full Name: Gael Elizabeth Haimes
 Address: 10 Kalianna St Harrison ACT 2914
 Occupation: Operations Manager
 Place of Birth: United Kingdom
 Date of Birth: 17 December 1968

I hereby apply to become a member in the abovementioned Fund.

I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death or termination of service with my Employer.

In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the Trust Deed governing the Fund and I declare that I am not entitled to a deferred annuity.

My tax file number is 386 796 312 and I hereby authorise my Trustee(s) to use this tax file number for the purposes of administering the Fund and the payment of my benefits.

NOMINATION OF BENEFICIARIES

In the event of my death, it is my wish that my benefits shall be paid to the person(s) in the proportion stated in the Nomination Below if he/she survives me by thirty (30) days.

NOMINATION TABLE 1

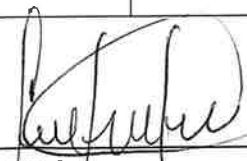
Name of Beneficiary	Address of Beneficiary	Date of Birth	Proportion of Benefit
TIM HAIMES	10 KALIANNA STREET HARRISON ACT 2914	23041970	100%
			%
			%
			%
Total (must equal 100%)			%



Member



Witness 1



Witness 2

NOMINATION TABLE 2 (In the event of death of the nominee in Nomination Table 1)

Name of Beneficiary	Address of Beneficiary	Date of Birth	Proportion of Benefit
MOLLY HAIMES	10 KALIANNA STREET HARRISON ACT 2914	16122003	50%
GEORGIA HAIMES	10 KALIANNA STREET HARRISON ACT 2914	20082006	50%
			%
			%
Total (must equal 100%)			%

Binding Beneficiary Nomination

Is the above nomination to be binding beneficiary nomination binding the trustee to pay the benefits as prescribed above? YES NO

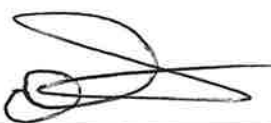
- Tick which is applicable. If YES proceed to next question and sign where indicated
- If No, please sign where indicated.
- If no election made, the default response shall be NO

Binding Death Benefit Nomination:

Pursuant to the SIS Act and the *Superannuation Industry (Supervision) Regulations 1994* (Cth) ('the SIS Regulations') and the Fund Deed for dealing with my superannuation interest, I,

_____ wish to make a


- Non-Lapsing } Please select one
 Lapsing } Lapsing nomination lapses in three years.



 Member



 Witness 1




 Witness 2

Please read the following table carefully concerning the type of nomination.

Binding Beneficiary Nomination	Non-Binding Beneficiary Nomination
<p>A valid property executed binding beneficiary nomination is binding on the Trustee(s). This means that unless the death benefits as nominated by you would be contrary to the legislation regulating your benefits, the trustee(s) is/are bound to pay the death benefits as per your nomination. Please note that you may elect to have your nomination lapse by effluxion of time (Lapsing Nomination) or your nomination may not expire by reason of effluxion of time (Non-lapsing Nomination) The trust deed and rules for the fund also provide that a binding beneficiary nomination expires in the event a member divorces a beneficiary who was a nominated spouse under the binding beneficiary nomination for (i.e. upon the decree nisi for such marriage being made)</p>	<p>The trustee may take into account your wishes but is not bound by your nomination.</p>
<p>Advantages:-</p> <ul style="list-style-type: none"> • Certainly for estate planning purposes • Nomination may be varied through the provision of a new form of binding beneficiary nomination to the trustee(s) executed in accordance with the requirements of the Superannuation Industry (Supervision) Act legislation 	<p>Advantages:-</p> <ul style="list-style-type: none"> • The Trustee(s) may exercise discretion at the relevant time for payment of the benefits which is tax effective. A person who was previously a dependant may no longer be a dependant and so the benefits may be taxed at the highest rates.
<p>Disadvantages:-</p> <ul style="list-style-type: none"> • Costly Taxation consequences where a person who was a dependant at the time of the binding benefit nomination is no longer a dependant when the nomination takes effect 	<p>Disadvantages:-</p> <ul style="list-style-type: none"> • NO certainty for payment of benefits in conformity with wishes of the Member because the Trustee(s) has/have a discretion for the application of the benefits.
<p>A PERSON SHOULD OBTAIN PROFESSIONAL ADVICE CONCERNING THE NOMINATION OF BENEFICIARIES INCLUDING THE TYPE OF BENEFICIARY NOMINATION FORM TO BE PROVIDED.</p>	

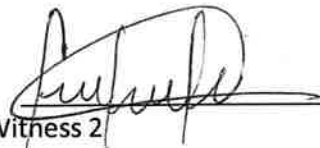
1. I acknowledge that this Nomination is made in accordance with the Commissioner's view set out in SMSFD 2008/3 that the statutory requirements in subsection 59(1A) of the SIS Act and regulation 6.17A of the SIS Regulation have no application to self-managed superannuation funds.
2. I acknowledge that the requirements in the *Superannuation Industry (Supervision) Regulations 1994* (Cth) have been satisfied notwithstanding Rule 6.4 of the fund Deed does not require the Nomination to comply with the requirements in the SIS Regulations.



 Member



 Witness 1

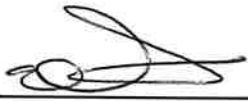


 Witness 2

3. I acknowledge that each of the persons mentioned in this Nomination is my dependant and/or my legal personal representative.
4. I acknowledge that this Nomination is intended to be effective until and unless the nomination is later revoked by me.
5. I have signed this Nomination in the presence of two witnesses (who are not a nominee on this Binding Death Benefit Nomination) both of whom are over the age of 18.

Dated this 28 day of JUNE 2021

Signed by the Member in the sight and presence of the following two adult witnesses who are not nominated persons referred to above.



Member:



Witness 1 : Name and Signature

Lina Avila



Witness 2 : Name and Signature

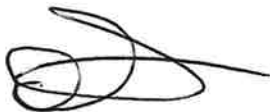
4/6 Pelle St
Mitchell ACT 2911

Address

172 Wickerslock Lane Gogong

Address

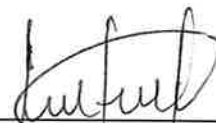
NSW 2620



Member



Witness 1



Witness 2