

# CM & SM CORRIGAN SUPERANNUATION FUND (FUND)

## APPLICATION FOR MEMBERSHIP

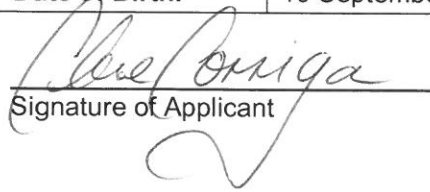
TO: THE TRUSTEE OF THE FUND

### AGREEMENT AND UNDERTAKING

I, the undersigned person, being eligible for Membership, hereby apply for admission to Membership of the Fund. I agree and undertake that:

- (a) If I am an Employee of any other Member, I am also a Relative of the other Member(s);
- (b) I am not disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;
- (c) I will be bound by the governing rules for the Fund as they are or may be varied from time to time;
- (d) I will, on request, make full disclosure in writing of any information required by the Trustee in respect of my medical condition or my Membership of the Fund including any circumstance which may have the effect that:
  - (i) I may become an Employee of any other Member or Members where I will not also be a Relative of the other Member(s); or
  - (ii) I may become Disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;
- (e) I understand the terms and conditions of the governing rules including my obligations as a Trustee and I agree to sign and deliver to the Australian Taxation Office such form or declaration in connection with my accepting the office of a Trustee or as a Director of the Trustee as may be required under the Relevant Law within such period as the Relevant Law requires;
- (f) I understand the terms and conditions of the governing rules concerning Benefits payable;
- (g) I understand that I am not legally obliged to provide my Tax File Number (TFN) to the Trustee 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;
- (h) My TFN is 352 381 740;
- (i) I agree to act as a Trustee for the Fund or to act as a Director of the Trustee.

<b>Name:</b>	CLARE MAREE CORRIGAN
<b>Address:</b>	3 PROSPECT ROAD Garden Suburb NSW 2289
<b>Date of Birth:</b>	19 September 1983

  
Signature of Applicant

18 / 6 / 2019  
Date (Please ensure that you date this part of the form)

## NON-BINDING DEATH BENEFIT NOMINATION

Complete this form if you wish to nominate who should receive your superannuation benefits on your death, but you do not want that nomination to be binding on the trustee.

### Details of the Fund and Member

Fund Name: THE TRUSTEE FOR CM + SM CORRIGAN SUPERANNUATION FUND  
 Member Name: CLARE MARIE CORRIGAN  
 Member Address: 3 PROSPECT ROAD GARDEN SUBURB NSW 2159

### Beneficiaries

The person or persons nominated must be either a Dependant or Dependents (as defined under the *Superannuation Industry (Supervision) Act 1993* (Cth) and the *Superannuation Industry (Supervision) Regulations 1994* (Cth)) or your legal personal representative (**LPR**). If you wish to nominate your LPR, please write "LPR" in the first column, below.

### To the Trustee of the Fund:

I request the trustee to pay, upon my death, benefits to the person or persons, and in the proportions, nominated below:

Full Name of Beneficiary	Full Address of Beneficiary (write LPR if the Beneficiary is your LPR)	Beneficiary's Relationship to the Member	% of Total Benefit
LPR			100%
Total must equal 100%			100%

### Alternate Beneficiaries

If any of the Beneficiaries nominated above predecease me, I request the trustee to pay, upon my death, the part of my death benefit that would otherwise have been payable to the deceased Beneficiary noted above, to the person or persons nominated below:

Name of the initial Beneficiary nominated	Name of the Alternate Beneficiary taking the place of the deceased Beneficiary	Alternate Beneficiary's Relationship to the Member	Proportion of the initial Beneficiary's Benefit to be payable to the Alternate Beneficiary

### Member to Sign Non-Binding Death Benefit Notice

*You must sign this form below.*

  
Signature of Member

18 / 6 / 19  
Date (Please ensure that you date this part of the form)

## CM & SM CORRIGAN SUPERANNUATION FUND (FUND)

### NOTICE OF COMPLIANCE – EMPLOYER CONTRIBUTIONS

This statement is to confirm that for the year of income of the Fund to date:

1. the Fund has been conducted as a complying self managed superannuation fund within the meaning of sections 17A and 42A of the *Superannuation Industry (Supervision) Act 1993* and *Superannuation Industry (Supervision) Regulations 1994* and that the trustee intends that the Fund continue to be maintained as a complying superannuation fund;
2. the Fund is not subject to a direction under section 63 of the *Superannuation Industry (Supervision) Act 1993*;
3. the Fund will accept rollovers and contributions and is empowered by the Fund's governing rules to do so; and
4. the Fund has received a request and consents to accepting contributions relating to the following member as set out below, in accordance with regulation 6.28(1)(b) of the *Superannuation Industry (Supervision) Regulations 1994*.

**Signed for and on behalf of the  
trustee of the Fund:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

#### Member's Request re Contributions

I, CLARE MAREE CORRIGAN, by signing this form, consent and request that my superannuation contributions from my employment at \_\_\_\_\_ (employer name), be paid into the CM & SM CORRIGAN SUPERANNUATION FUND.

**Signature of Member:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

no Contributions were  
made in the 2019 FY.

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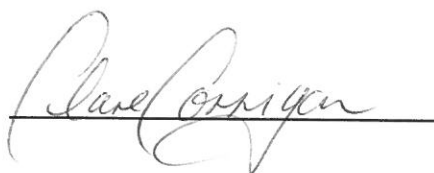
## CM & SM CORRIGAN SUPERANNUATION FUND (FUND)

### NOTICE OF COMPLIANCE – ROLLOVER REQUEST

This statement is to confirm that for the year of income of the Fund to date:

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2. the Fund is not subject to a direction under section 63 of the *Superannuation Industry (Supervision) Act 1993*;
3. the Fund will accept rollovers and contributions and is empowered by the Fund's governing rules to do so; and
4. the Fund has received a request and consents to accept the rollover relating to the following member as set out below, in accordance with regulation 6.28(1)(b) of the *Superannuation Industry (Supervision) Regulations 1994*.

Signed for and on behalf of the  
trustee of the Fund:



Date:

18-6-19

#### Member's Consent to the rollover

I, CLARE MAREE CORRIGAN, by signing this form, consent to the rollover of my benefits into the CM & SM CORRIGAN SUPERANNUATION FUND.

Signature of Member:



Date:

18-6-19

# CM & SM CORRIGAN SUPERANNUATION FUND (FUND)

## APPLICATION FOR MEMBERSHIP

TO: THE TRUSTEE OF THE FUND

### AGREEMENT AND UNDERTAKING

I, the undersigned person, being eligible for Membership, hereby apply for admission to Membership of the Fund. I agree and undertake that:

- (a) If I am an Employee of any other Member, I am also a Relative of the other Member(s);
- (b) I am not disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;
- (c) I will be bound by the governing rules for the Fund as they are or may be varied from time to time;
- (d) I will, on request, make full disclosure in writing of any information required by the Trustee in respect of my medical condition or my Membership of the Fund including any circumstance which may have the effect that:
  - (i) I may become an Employee of any other Member or Members where I will not also be a Relative of the other Member(s); or
  - (ii) I may become Disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;
- (e) I understand the terms and conditions of the governing rules including my obligations as a Trustee and I agree to sign and deliver to the Australian Taxation Office such form or declaration in connection with my accepting the office of a Trustee or as a Director of the Trustee as may be required under the Relevant Law within such period as the Relevant Law requires;
- (f) I understand the terms and conditions of the governing rules concerning Benefits payable;
- (g) I understand that I am not legally obliged to provide my Tax File Number (TFN) to the Trustee 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;
- (h) My TFN is 401 726 169;
- (i) I agree to act as a Trustee for the Fund or to act as a Director of the Trustee.

<b>Name:</b>	SEAN MICHAEL CORRIGAN
<b>Address:</b>	3 PROSPECT ROAD Garden Suburb NSW 2289
<b>Date of Birth:</b>	7 April 1982

  
Signature of Applicant

18 / 6 / 2019  
Date (Please ensure that you date this part of the form)

## NON-BINDING DEATH BENEFIT NOMINATION

Complete this form if you wish to nominate who should receive your superannuation benefits on your death, but you do not want that nomination to be binding on the trustee.

### Details of the Fund and Member

Fund Name: THE TRUSTEE FOR CM+SM CORRIGAN SUPERANNUATION FUND  
 Member Name: SEAN MICHAEL CORRIGAN  
 Member Address: 3 PROSPER ROAD GARDEN SUBURB NSW 2189

### Beneficiaries

The person or persons nominated must be either a Dependant or Dependents (as defined under the *Superannuation Industry (Supervision) Act 1993* (Cth) and the *Superannuation Industry (Supervision) Regulations 1994* (Cth)) or your legal personal representative (**LPR**). If you wish to nominate your LPR, please write "LPR" in the first column, below.

### To the Trustee of the Fund:

I request the trustee to pay, upon my death, benefits to the person or persons, and in the proportions, nominated below:

Full Name of Beneficiary	Full Address of Beneficiary (write LPR if the Beneficiary is your LPR)	Beneficiary's Relationship to the Member	% of Total Benefit
LPR			100%
Total must equal 100%			100%

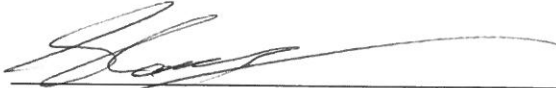
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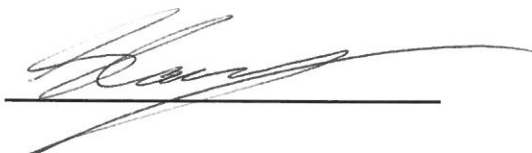
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4. the Fund has received a request and consents to accepting contributions relating to the following member as set out below, in accordance with regulation 6.28(1)(b) of the *Superannuation Industry (Supervision) Regulations 1994*.

Signed for and on behalf of the  
trustee of the Fund:



Date:

18-6-2019

#### Member's Request re Contributions

I, SEAN MICHAEL CORRIGAN, by signing this form, consent and request that my superannuation contributions from my employment at \_\_\_\_\_ (employer name), be paid into the CM & SM CORRIGAN SUPERANNUATION FUND.

Signature of Member:



Date:

18-6-2019

## CM & SM CORRIGAN SUPERANNUATION FUND (FUND)

### NOTICE OF COMPLIANCE – ROLLOVER REQUEST

This statement is to confirm that for the year of income of the Fund to date:

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Signed for and on behalf of the  
trustee of the Fund:




Date:

18-6-19

#### Member's Consent to the rollover

I, SEAN MICHAEL CORRIGAN, by signing this form, consent to the rollover of my benefits into the CM & SM CORRIGAN SUPERANNUATION FUND.

Signature of Member:



Date:

18-6-19