

LANGFORD N PARISH

APPLICATION FOR MEMBERSHIP

Full Name: Richard Leslie Langford

Address: 108 St Georges Terrace
Perth WA 6000

Date of Birth: 16/11/1965

I make application to become a member of the Langford N Parish ("The Fund")

*I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.

* The Applicant hereby applies to make contributions to the Fund and agrees to be bound by the Deed and Rules governing the Fund.

Pursuant to the authorisations for the collection of Tax File Numbers ("TFN") contained in the taxation laws, the *Superannuation Industry (Supervision) Act 1993* and the *Privacy Act 1988*, I hereby agree to provide my TFN as follows:

My Tax File Number is: 1 4 3 4 8 9 4 6 2
and I hereby authorise the trustees to use this tax file number.

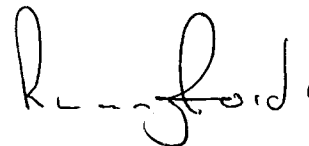
NOMINATION OF BENEFICIARIES (Non Binding)

Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I hereby nominate the following persons to receive the benefit payable by the Trustees of the fund in the event of my death:

Name and Address	Relationship to member	Proportion of benefit
Corrine Parish	Partner	100 %
		%

Dated this 14th day of September 2015

Signature of Applicant: X



LANGFORD N PARISH

APPLICATION FOR MEMBERSHIP

Full Name: Corrine Ann Parish

Address: 17 Yarrowa Street
Moss Vale NSW 2577

Date of Birth: 25/04/1972

I make application to become a member of the Langford N Parish ("The Fund")

*I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.

* The Applicant hereby applies to make contributions to the Fund and agrees to be bound by the Deed and Rules governing the Fund.

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My Tax File Number is: 1 7 5 0 9 1 0 4 1
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Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I hereby nominate the following persons to receive the benefit payable by the Trustees of the fund in the event of my death:

Name and Address	Relationship to member	Proportion of benefit
Richard langford	Partner	100 %
		%

Dated this 14th day of September 2015

Signature of Applicant: X *C Parish*

* Delete this clause if inapplicable

BINDING DEATH BENEFIT NOMINATION

To the Trustees of the Langford N Parish.....

I Richard Leslie Langford,.....

of 108 St Georges Terrace.....
Perth WA 6000.....

as a member of the above fund, direct you to pay my death benefit to the following persons in the proportions as shown:

Name of Beneficiary	Relationship to Me	Percentage of Benefit	Transfer via Lump Sum or Pension
Corne Parish	Partner	100%	Lump sum
.....
.....
.....

If any of the person nominated above predecease me I direct you to pay the proportion of my death benefit that would have been payable to that person to the following persons in the proportions as shown:

Name of Beneficiary	Relationship to Me	Percentage of Benefit	Transfer via Lump Sum or Pension
Brandon Langford	son	50%	Lump sum
Logan Langford	son	50%	Lump sum
.....
.....

I understand that:

1. I can amend or revoke this Nomination at any time by providing a new nomination.
2. Unless amended or revoked earlier, this nomination is binding on the trustees for a period of three (3) years from the date this nomination is signed.

OR

I understand that this nomination will not lapse unless I amend or revoke it.

(cross out whichever is inapplicable)

3. If the total proportion of my benefit nominated above does not equal my entire benefit then I understand that the trustee shall have discretion as to where the remaining proportion of my benefit shall be paid.
4. I understand that if I have not completed this nomination correctly then it may be invalid and that the trustee may then have a discretion as to where my benefit is paid.

I acknowledge that I have been provided with the necessary information to enable me to make an informed nomination and I fully understand the effect of this nomination.

Signed

X R Langford

Date: 25/9/15

Witnesses: (This nomination must be signed by 2 witnesses over the age of 18 and not named as beneficiaries)

We declare that:

- * This Nomination was signed by the member in our presence
- * We are aged 18 years or older
- * We are not named as beneficiaries in this nomination.

X R
Name: Tamara Kennedy

Date: 25.9.15.

RSJ
Name: Robert Seymour

Date: 29/09/15.

BINDING DEATH BENEFIT NOMINATION

To the Trustees of the Langford N Parish.....

I Corrine Ann Parish,.....

of 17 Yarrowa Street.....

Moss Vale NSW 2577.....

as a member of the above fund, direct you to pay my death benefit to the following persons in the proportions as shown:

Name of Beneficiary	Relationship to Me	Percentage of Benefit	Transfer via Lump Sum or Pension
Richard Langford	Partner	100%	Lump Sum
.....
.....
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RS
Name: *Robert Seymour*
Date: *25/09/15*

TK
Name: *Tamara Kennedy*
Date: *25.9.15*

DECLARATION BY DIRECTOR OF TRUSTEE COMPANY

UNDER SECTION 118 OF THE
SUPERANNUATION INDUSTRY (SUPERVISION) ACT 1993

I, Richard Leslie Langford

of 108 St Georges Terrace
Perth WA 6000

HEREBY DECLARE that I am not a disqualified person as defined by SIS and am therefore not disqualified from acting as a director of a trustee company of a superannuation fund under SIS

HEREBY DECLARE that I am aware of my responsibilities under the trust deed having read and fully understood it's contents, and also my responsibilities under SIS.

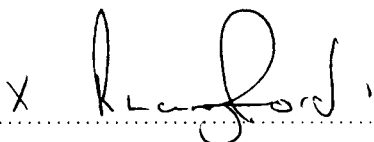
AND HEREBY CONSENT to act as a Trustee of the Langford N Parish (in my capacity as a director of LNP Super Pty Ltd)

constituted on 14/09/15

AND I AGREE to execute the Trust Deed and to administer the Fund in accordance with the terms and conditions set out in the Trust Deed and other legislative requirements.

I UNDERTAKE to notify any other directors of the trustee of the Fund in writing if I am for any reason disqualified from continuing to act as a trustee.

dated: 14/09/15

signed: 

* Note re Disqualified Person (SIS Section 120):

The following are defined by SIS as being disqualified persons:

1. persons who have at any time been convicted of an offence in respect of dishonest conduct;
2. a civil penalty order was made against the person; or
3. a person is an insolvent under administration.

A body corporate trustee is a disqualified person where:

1. a receiver and manager has been appointed in respect of property beneficially owned by the body;
2. an official manager or deputy official manager has been appointed in respect of the body;
3. a provisional liquidator has been appointed in respect of the body; or
4. the body has begun to be wound up.

N.B. A director of a Corporate trustee must not be a disqualified person as described above.

DECLARATION BY DIRECTOR OF TRUSTEE COMPANY

UNDER SECTION 118 OF THE
SUPERANNUATION INDUSTRY (SUPERVISION) ACT 1993

I, Corrine Ann Parish
of 17 Yarrowa Street
Moss Vale NSW 2577

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I UNDERTAKE to notify any other directors of the trustee of the Fund in writing if I am for any reason disqualified from continuing to act as a trustee.

dated: 14/09/15

signed: *X Corrine Ann Parish*

* Note re Disqualified Person (SIS Section 120):

The following are defined by SIS as being disqualified persons:

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4. the body has begun to be wound up.

N.B. A director of a Corporate trustee must not be a disqualified person as described above.

DISCLOSURE STATEMENT

I, Richard Leslie Langford of 108 St Georges Terrace, Perth WA 6000 hereby acknowledge and declare as follows:

1. I am an initial Member of the Langford N Parish (the Fund). I am also a director of the trustee of the Fund.
2. I have not been induced to become a Member and Trustee of the Fund as a result of any representation or statement made by any Members or Trustees of the fund or any other person.
3. I have decided to become a Member and Trustee of the Fund based solely upon my own investigation and inquiries.
4. Having considered the financial strategy, responsibilities, risks, possible gains and benefits, costs of entry and administration, the rules of the Fund and taxation matters, I am satisfied that it is appropriate for me to invest in and become a Member and Trustee of the Fund.
5. I have had and will have access to all documents relating to the Fund including:
 - a. source documents (investments confirmations, invoices and receipts);
 - b. banking records;
 - c. financial strategies;
 - d. financial reports and taxation records;
 - e. minutes of meetings and resolutions of trustees;
 - f. Trust Deed and trust register;
 - g. incoming and outgoing correspondence
6. I am aware that investing money on behalf of myself and others carries significant risks of loss and that the Trustees of the Fund are not professional investors or experts in that field.
7. I have had the opportunity to seek independent financial, legal and taxation advice before making my decision to establish and invest in the Fund.

X 
.....
Richard Leslie Langford

Date: 14/09/15.....

DISCLOSURE STATEMENT

I, Corrine Ann Parish of 17 Yarrowa Street, Moss Vale NSW 2577 hereby acknowledge and declare as follows:

1. I am an initial Member of the Langford N Parish (the Fund). I am also a director of the trustee of the Fund.
2. I have not been induced to become a Member and Trustee of the Fund as a result of any representation or statement made by any Members or Trustees of the fund or any other person.
3. I have decided to become a Member and Trustee of the Fund based solely upon my own investigation and inquiries.
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7. I have had the opportunity to seek independent financial, legal and taxation advice before making my decision to establish and invest in the Fund.

X 

Corrine Ann Parish

Date: 14/09/15.....



Member Name:

Member Address:

Notice Date:

I have read and understood this Product Disclosure Statement prior to signing my Membership Application and/or Member's Consent to Amendment of Deed:-

Signature: X *[Handwritten Signature]*

Name:

Date:

Please ensure that the following document is attached to this coversheet:-

Product Disclosure Statement comprising 5 pages

Most Recent Financial Statement for Fund <delete if this is for a new fund>

**PRODUCT DISCLOSURE STATEMENT
COVERSHEET
LANGFORD N PARISH**

Member Name:

Member Address:

Notice Date:

I have read and understood this Product Disclosure Statement prior to signing my Membership Application and/or Member's Consent to Amendment of Deed:-

Signature: *X E. Parish*

Name:

Date:

Please ensure that the following document is attached to this coversheet:-

Product Disclosure Statement comprising 5 pages

Most Recent Financial Statement for Fund <delete if this is for a new fund>

Langford N Parish

To whom it may concern

Director Certificate of Compliance —

(This is not the "Notice of Compliance" that the Australian Taxation Office provides)

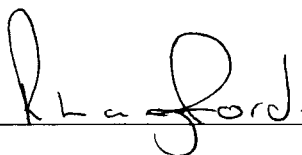
This Director's Certificate of Compliance is to be used when the member "rolls over" (transfers) benefits from another fund to the Langford N Parish.

The Director(s) of the Fund certify/ies that the Fund:

- 1 Is a regulated superannuation fund under the *Superannuation Industry (Supervision Act) 1993 (SIS Act)*.
- 2 Is a complying superannuation fund within the meaning of section 42A of the SIS Act.
- 3 Is not subject to a direction under Section 63 of the SIS Act and is therefore able to accept employer contributions.
- 4 Is empowered by the Fund's trust deed to receive rolled over or transferred benefits.
- 5 Has received consent to the rollover from the relevant member, as set out below, in accordance with r6.28(i)(b) of the *Superannuation Industry (Supervision) Regulations 1994*.

Signed for and on behalf of the Director(s):

Signature of Director: X



Name: _____

Date: _____

Member's Consent to the "rollover"

I, _____ (member name), by signing this form, consent to the rollover of my benefits into the **Langford N Parish**.

Signature of Member: X



Date: _____