

IAN STROUD SELF MANAGED SUPERANNUATION FUND

APPLICATION FOR MEMBERSHIP

To: The Trustee
Ian Stroud Self Managed Superannuation Fund

I, **IAN PICKERING STROUD** of 534 Military Road, Largs North SA 5016 declare that I have received sufficient information from the Trustee to enable me to make an informed decision about joining the Ian Stroud Self Managed Superannuation Fund (**Fund**).

I hereby apply to join the Fund and I authorise my employer to make any contributions as and when due, in accordance with the Trust Deed establishing the Fund.

I also agree and undertake the following:

1. I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
2. I understand the terms and conditions of the Trust Deed, in particular the terms relating to the benefits payable.
3. I consent to act as a Director of the Trustee of the Fund for the purposes of complying with the Self-Managed Superannuation Fund requirements.
4. I will upon request make full disclosure in writing of any benefits I have received, may receive, or may be entitled to receive from any other Superannuation Fund, Approved Deposit Fund, Rollover Annuity or Employer.
5. I will notify the Trustee if at any time I cease to be gainfully employed as defined in the Trust Deed.
6. I consent to the current Trustee acting as Trustee of the Fund.
7. I declare that the information completed below regarding nominated dependants (if any) is accurate in every respect.
8. I declare that in completing this application for membership I was given written advice regarding the benefits that I would become entitled to upon joining the Fund, the method of determining that entitlement and the conditions relating to those benefits.

9. I declare that I have been provided with a copy of the most recent report to members and details of fund earnings rates to the membership class of which I belong.

I am aware that in the event of my death while a member of the Fund the benefit provided under the Deed is payable at the Trustee's discretion to one or more of my dependants, or where I have no dependants, to my estate.

In such an event, it is my wish that the benefit be paid to the persons nominated below in the proportions shown.

Name: **KEITH H. STROUD** Relationship: **BROTHER** % **50**

Address: **98, LEWISHAM RD. RIVER, DOVER, KENT, U.K.**

Name: **DONALD M. STROUD** Relationship: **BROTHER** % **50**

Address: **1A St. James Park Rd, WESTBROOK, MARGATE, KENT, U.K.**

Dated **30th Jan. 2018**

IAN PICKERING STROUD

