

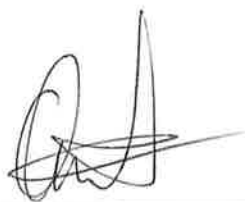
**APPLICATION FOR MEMBERSHIP FORM  
Q & B JONES SUPERANNUATION FUND**

Member Name: Quinton Brian Jones  
Residential address: 15 Mathew Avenue, JEWELLS, NSW 2280  
Date of birth: 30 November 1982  
TFN: 422 285 211

I apply to for membership with the Fund, and warrant as follows as a condition of my application:

18. I am not bankrupt.
19. I agree to act as a Natural Person Trustee, or as a Director of a Corporate Trustee, and in this capacity to act in accordance with the terms of the Governing Rules of the Fund, Special Rules of the Fund and the Superannuation Laws.
20. I acknowledge that the defined terms contained in this Application for Membership are identical to those used in the trust deed governing the Fund, and that I have had the opportunity to read and consider the Governing Rules of the Fund.
21. I have also had the opportunity to meet with legal, financial and accounting advisors, and am satisfied that membership in the Fund is appropriate to my circumstances and needs.
22. I understand that if I am accepted as a member, my membership may be subject to restrictions and/or classifications.
23. I understand that I may only contribute to the Fund if I am eligible under the Superannuation Laws to do so, and this includes any contributions made by other parties on my behalf.
24. I understand that membership in a SMSF carries with it risks, including but not limited to risks associated with disagreement with other members, liquidity and investment risk, and such other risks which follow the nature of a SMSF arrangement.
25. I acknowledge the Trustee is not and will not be liable for any loss suffered as a result of transactions being delayed or frozen.
26. I agree that, unless I provide notice to the Trustee in writing, I do not require any insurance to be held within the Fund in respect of me.
27. I undertake to provide any relevant information or documentary evidence to the Trustee and agree to submit to health and medical tests as and when requested by the Trustee.
28. I acknowledge the Trustee may collect my personal identification documents (as shown in Section Two) and Tax File Number (**TFN**), which will be treated as confidential in accordance with the *Privacy Act 1988 (Cth)* (**Privacy Legislation**) and will only be used for legal purposes (such as identifying and locating my Superannuation Interests, and calculating tax on any eligible termination payment I may be entitled to receive).
29. I agree to provide the Trustee with my TFN. I authorise the Trustee to provide my TFN to any other Superannuation Fund in which my Superannuation Interest may be transferred to and/or to the ATO.

30. I authorise the Trustee to retain and store information on my behalf despite any provision to the contrary in any Privacy Legislation.
31. I agree, if required, to complete any documentation which the Trustee may require, including a Binding Death Benefit Nomination, Substitute Decision-Maker Nomination, Default Superannuation Fund Nomination, and alike. I understand that it is beneficial to all members of the Fund to record my Nominations, so as to limit the opportunity and/or likelihood of disputes and other costs to the Fund associated with misunderstandings.
32. I understand that if I become a bankrupt person or subject to a Mandatory Transfer Event, the Trustee may, but is not required unless the Superannuation Laws prescribed, Roll-over my Superannuation Interests to any other Eligible Entity. If I have made a Default Superannuation Fund Nomination, then my Trustee will have regard to such Nominations. I also understand that the Trustee may not seek my consent in rolling over my Superannuation Interests in the event I am bankrupt or subject to a Mandatory Transfer Event.
33. I understand if I can make a Binding Death Benefit Nomination and/or SMSF Will, the Nomination may not be effected if I have nominated a person who is not eligible to receive the benefit under the Superannuation Laws, if I have made direction in respect to an Asset of the Fund which is not quarantined to my Superannuation Interest and/or I make a direction which threatens the solvency and/or SMSF Complying status of the Fund. I understand that it is best practice to disclose my Binding Death Benefit Nomination and/or SMSF to the Trustee and for the Trustee to obtain legal, financial and/or accounting advice to ascertain if the Nomination is lawful. I understand that the Trustee has no obligation to obtain advice, and it is therefore important that I obtain independent advice and consult with the Trustee. I understand that the Fund has limited membership and onerous terms (such as complicated Conditions of Release of Benefits and cascading provisions) may not be appropriate or agreeable. If I wish to include complicated provisions or attempt to quarantine a Fund Asset to pay a benefit from my Superannuation Interests, that it is best that I seek Trustee consent before making such provisions in my Binding Death Benefit Nomination and/or SMSF Will.
34. I declare that the information I provide to the Trustee is true and correct. I acknowledge it is my responsibility to inform the Trustee of any error or changes regarding these matters.



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**Quinton Brian Jones**

**Dated:** 21.2.18


**APPLICATION FOR MEMBERSHIP FORM  
Q & B JONES SUPERANNUATION FUND**

Member Name: Byron Peter Jones  
Residential address: 2A Thomas Street, DUDLEY, NSW 2290  
Date of birth: 02 August 1985  
TFN: 363 458 330

I apply to for membership with the Fund, and warrant as follows as a condition of my application:

1. I am not bankrupt.
2. I agree to act as a Natural Person Trustee, or as a Director of a Corporate Trustee, and in this capacity to act in accordance with the terms of the Governing Rules of the Fund, Special Rules of the Fund and the Superannuation Laws.
3. I acknowledge that the defined terms contained in this Application for Membership are identical to those used in the trust deed governing the Fund, and that I have had the opportunity to read and consider the Governing Rules of the Fund.
4. I have also had the opportunity to meet with legal, financial and accounting advisors, and am satisfied that membership in the Fund is appropriate to my circumstances and needs.
5. I understand that if I am accepted as a member, my membership may be subject to restrictions and/or classifications.
6. I understand that I may only contribute to the Fund if I am eligible under the Superannuation Laws to do so, and this includes any contributions made by other parties on my behalf.
7. I understand that membership in a SMSF carries with it risks, including but not limited to risks associated with disagreement with other members, liquidity and investment risk, and such other risks which follow the nature of a SMSF arrangement.
8. I acknowledge the Trustee is not and will not be liable for any loss suffered as a result of transactions being delayed or frozen.
9. I agree that, unless I provide notice to the Trustee in writing, I do not require any insurance to be held within the Fund in respect of me.
10. I undertake to provide any relevant information or documentary evidence to the Trustee and agree to submit to health and medical tests as and when requested by the Trustee.
11. I acknowledge the Trustee may collect my personal identification documents (as shown in Section Two) and Tax File Number (**TFN**), which will be treated as confidential in accordance with the *Privacy Act 1988 (Cth)* (**Privacy Legislation**) and will only be used for legal purposes (such as identifying and locating my Superannuation Interests, and calculating tax on any eligible termination payment I may be entitled to receive).
12. I agree to provide the Trustee with my TFN. I authorise the Trustee to provide my TFN to any other Superannuation Fund in which my Superannuation Interest may be transferred to and/or to the ATO.

13. I authorise the Trustee to retain and store information on my behalf despite any provision to the contrary in any Privacy Legislation.
14. I agree, if required, to complete any documentation which the Trustee may require, including a Binding Death Benefit Nomination, Substitute Decision-Maker Nomination, Default Superannuation Fund Nomination, and alike. I understand that it is beneficial to all members of the Fund to record my Nominations, so as to limit the opportunity and/or likelihood of disputes and other costs to the Fund associated with misunderstandings.
15. I understand that if I become a bankrupt person or subject to a Mandatory Transfer Event, the Trustee may, but is not required unless the Superannuation Laws prescribed, Roll-over my Superannuation Interests to any other Eligible Entity. If I have made a Default Superannuation Fund Nomination, then my Trustee will have regard to such Nominations. I also understand that the Trustee may not seek my consent in rolling over my Superannuation Interests in the event I am bankrupt or subject to a Mandatory Transfer Event.
16. I understand if I can make a Binding Death Benefit Nomination and/or SMSF Will, the Nomination may not be effected if I have nominated a person who is not eligible to receive the benefit under the Superannuation Laws, if I have made direction in respect to an Asset of the Fund which is not quarantined to my Superannuation Interest and/or I make a direction which threatens the solvency and/or SMSF Complying status of the Fund. I understand that it is best practice to disclose my Binding Death Benefit Nomination and/or SMSF to the Trustee and for the Trustee to obtain legal, financial and/or accounting advice to ascertain if the Nomination is lawful. I understand that the Trustee has no obligation to obtain advice, and it is therefore important that I obtain independent advice and consult with the Trustee. I understand that the Fund has limited membership and onerous terms (such as complicated Conditions of Release of Benefits and cascading provisions) may not be appropriate or agreeable. If I wish to include complicated provisions or attempt to quarantine a Fund Asset to pay a benefit from my Superannuation Interests, that it is best that I seek Trustee consent before making such provisions in my Binding Death Benefit Nomination and/or SMSF Will.
17. I declare that the information I provide to the Trustee is true and correct. I acknowledge it is my responsibility to inform the Trustee of any error or changes regarding these matters.



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**Byron Peter Jones**

**Dated:** 21.2.18