### **MEMBER APPLICATION**

# **Abbott Superannuation Fund**

## Application for membership

#### Confidential

The Trustee

I, James Lindsay Abbott of 24 Woods Lane, Darlinghurst NSW 2010

hereby declare that I have received sufficient information from the Trustees to enable me to make an informed decision about joining the fund.

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

I also agree and undertake the following:

- (a) I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
- (b) I understand the terms and conditions of the Trust Deed, especially those concerning benefits payable.
- (c) I consent to act as Trustee of the Fund for the purposes of complying with the self managed super fund requirements.
- (d) 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.
- (e) I will notify the Trustee at any time I cease to be gainfully employed as defined in the Trust Deed.
- (f) I consent to the Trustee acting as Trustee of the Fund.
- (g) I declare that the information completed below regarding nominated dependants (if any) is accurate in every respect.
- (h) I declare that in completing this application I was given advice in writing regarding the benefits I would be entitled to in joining the fund, the method of determining that entitlement and the conditions relating to those benefits.
- (i) 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 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: Sascha Fulde

Address: 24 Woods Lane, Darlinghurst NSW 2010

Relationship: Wife

100%

Occupation: AW

Date of birth: 19-03-1982

Tax File Number: 392 391 73

# CONSENT TO ACT AS DIRECTOR OF CORPORATE TRUSTEE

# Pursuant to Section 118 of the Superannuation Industry (Supervision) Act 1993

I, James Lindsay Abbott

of 24 Woods Lane Darlinghurst NSW 2010

being a director of Addison Services Pty Ltd

in its capacity as Trustee (the "Corporate Trustee") of Abbott Superannuation Fund

#### DO HEREBY DECLARE:

- 1. That I am not \*disqualified from acting as director(s) of the Corporate Trustee under the Superannuation Industry (Supervision) Act 1993; and
- 2. That I consent to acting as director(s) of the Corporate Trustee;
- 3. That I will notify the Corporate Trustee and APRA / ATO immediately if I should become a disqualified person.

DATED the	
ANATHA!	
James Lindsay Abbott	<name></name>
Director	Director

## \* Note re: disqualification

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The Superannuation Industry (Supervision) Act 1993 provides that the following persons are disqualified from acting as a director of a Corporate Trustee:

- 1. Persons who have prior convictions involving dishonest conduct, wherever or whenever such conviction may have occurred.
- 2. Persons who are insolvent, bankrupt, or have entered into arrangements, assignments or compositions with creditors under Part X of the Bankruptcy Act 1966 (Cth) or a similar foreign law.
- 3. Persons in relation to whom a civil penalty order has been made under the Superannuation Industry (Supervision) Act 1993.

# FORM OF CONSENT TO ACT AS A DIRECTOR AND/ OR SECRETARY AND/OR OFFICE BEARER AND/ OR SHAREHOLDER

I, JAMES L	INDSAY ARTS	ol			
(Full Name of Director/ Secretary	y/ Public Officer/ Shareholder	r)	N8/		
of 24 W00	ins CXING 1	ARLINGHURST	1 W		
(Residential Address)					
hereby consent to my a	ppointment as a				
☑ Director and/	or				
☐ Secretary and,	/ or				
☐ Public Officer	and/ or				
☐ Shareholder a	nd/ or				
of the Company:	the Company: Addison Services Pty. Ltd.				
Of	1/222 Raglan Street MOSMAN NSW 2088				
(Address of Registered Office)					
I hereby accept to act a	ccording to my appoi	intments & responsibilities	as designated above and		
applicable shareholding	g, if any, mentioned h	erein above from the date	e of incorporation of the		
company and, in compl	liance with the require	ements of the Corporation	ns Act, provide the following		
information:					
Any former names:		AL INC.			
Date of Birth:	March 19	182	and the second		
Place of Birth: PERTH/WA/AUSTRALIA					
(Town/city/state/country)					
Signed by:	1	Date:	Place:		
And		717117	SYDNEY		
(Signature)	INDIAY AREOL	(Signature Date)	e.g. Melbourne)		
(Full Name of the Signatory)					