

**Application for Membership
CONFIDENTIAL**

TO: THE TRUSTEE, FOSTER-ABROOK SUPER FUND

I, JOHN STANLEY FOSTER, apply for membership of the Fund.

- (a) I will be bound by the trust deed governing the Fund as varied from time to time.
- (b) I consent to the Trustee acting as Trustee of the Fund.
- (c) I declare that the information in this application is accurate in every respect.

APPLICATION DETAILS

Name: JOHN STANLEY FOSTER
Address: 5 Evelina Court, Howard Springs NT 0835
Occupation:
Date of birth: 30/03/1961
Tax file number:

NOTE: Your Tax File Number (TFN) is confidential. Before you provide it, you must be told:

1. The Fund is authorised to collect your TFN under the *Superannuation Industry (Supervision) Act 1993*.
2. If you provide your TFN, it will only be used for lawful purposes. These purposes may change in the future as a result of legislative change.
3. It is not an offence not to provide your TFN. However giving your TFN to the Fund will have the following advantages (which may not otherwise apply):
 - (c) The Fund will be able to accept all types of contributions to your account/s.
 - (d) The tax on contributions to your superannuation account/s will not increase.
 - (e) Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits.
 - (f) It will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.
4. If you provide your TFN, the trustee may provide it to:
 - (a) the trustee of another superannuation fund when you transfer your benefits to it, unless you instruct the trustee not to; and
 - (b) the Commissioner of Taxation,but otherwise it will be treated as confidential.

DEATH BENEFIT RECIPIENTS

I nominate the following persons as my preferred recipients of my death benefits:

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
Abrook	Suzanne Karenellen	wife	100%

DATED 2020

Signature 

**Application for Membership
CONFIDENTIAL**

TO: THE TRUSTEE, FOSTER-ABROOK SUPER FUND

I, SUZANNE KARELLEN ABROOK, apply for membership of the Fund.

- (a) I will be bound by the trust deed governing the Fund as varied from time to time.
- (b) I consent to the Trustee acting as Trustee of the Fund.
- (c) I declare that the information in this application is accurate in every respect.

APPLICATION DETAILS

Name: SUZANNE KARELLEN ABROOK
Address: 5 Evelina Court, Howard Springs NT 0835
Occupation:
Date of birth: 30/07/1970
Tax file number:

NOTE: Your Tax File Number (TFN) is confidential. Before you provide it, you must be told:

- 1. The Fund is authorised to collect your TFN under the *Superannuation Industry (Supervision) Act 1993*.
- 2. If you provide your TFN, it will only be used for lawful purposes. These purposes may change in the future as a result of legislative change.
- 3. It is not an offence not to provide your TFN. However giving your TFN to the Fund will have the following advantages (which may not otherwise apply):
 - (a) The Fund will be able to accept all types of contributions to your account/s.
 - (b) The tax on contributions to your superannuation account/s will not increase.
 - (c) Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits.
 - (d) It will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.
- 4. If you provide your TFN, the trustee may provide it to:
 - (a) the trustee of another superannuation fund when you transfer your benefits to it, unless you instruct the trustee not to; and
 - (b) the Commissioner of Taxation,but otherwise it will be treated as confidential.

DEATH BENEFIT RECIPIENTS

I nominate the following persons as my preferred recipients of my death benefits:

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
FOSTER	JOHN STANLEY	HUSBAND	100

DATED 27/7/2020

DMH10233247 3441-4197-3264v1

Signature *S. Abrook*