

**APPLICATION FOR MEMBERSHIP FORM  
S & C HARRISON FAMILY SUPER FUND (FUND)**

**Trustee:** S & C Harrison Super Pty Ltd - ACN 637 940 722

**Member Name:** Shaw Harrison

**Residential address:** 7 Sawyer Court, CANNON HILL, QLD 4170

**Date of birth:** 01 April 1978

**TFN:** 380 543 761

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

- 1 I am not bankrupt.
- 2 I have 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.
- 3 I understand that if I am accepted as a member, my membership may be subject to restrictions.
- 4 I understand that membership in a self managed superannuation fund carries with it risks and I am comfortable becoming a member, notwithstanding those risks.
- 5 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 my membership.
- 6 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.
- 7 I acknowledge the Trustee may collect my personal identification documents and Tax File Number (TFN), which will be treated as confidential in accordance with the *Privacy Act 1988 (Cth)* (Privacy Legislation).
- 8 I acknowledge that submitting this application allows the Trustee to use my TFN for the purposes contained in the Law (as defined in the trust deed for the Fund), including:
  - a providing information to the Australian Taxation Office;
  - b paying employment termination payments;
  - c amalgamating superannuation benefits; and
  - d providing information to other superannuation funds receiving any benefits I may select (unless I ask in writing for it to be withheld).
- 9 I authorise the Trustee to retain and store information on my behalf despite any provision to the contrary in any Privacy Legislation.
- 10 I agree to all of the terms and conditions set out in the trust deed for the Fund, as amended from time to time.
- 11 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.

**The Member**

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Signed by Shaw Harrison:



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**Shaw Harrison**  
Member

Dated: 11/12/2019

**APPLICATION FOR MEMBERSHIP FORM  
S & C HARRISON FAMILY SUPER FUND (FUND)**

**Trustee:** S & C Harrison Super Pty Ltd - ACN 637 940 722

**Member Name:** Cara Harrison

**Residential address:** 7 Sawyer Court, CANNON HILL, QLD 4170

**Date of birth:** 26 March 1980

**TFN:** 400 964 217

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

- 1 I am not bankrupt.
- 2 I have 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.
- 3 I understand that if I am accepted as a member, my membership may be subject to restrictions.
- 4 I understand that membership in a self managed superannuation fund carries with it risks and I am comfortable becoming a member, notwithstanding those risks.
- 5 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 my membership.
- 6 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.
- 7 I acknowledge the Trustee may collect my personal identification documents and Tax File Number (**TFN**), which will be treated as confidential in accordance with the *Privacy Act 1988 (Cth)* (**Privacy Legislation**).
- 8 I acknowledge that submitting this application allows the Trustee to use my TFN for the purposes contained in the Law (as defined in the trust deed for the Fund), including:
  - a providing information to the Australian Taxation Office;
  - b paying employment termination payments;
  - c amalgamating superannuation benefits; and
  - d providing information to other superannuation funds receiving any benefits I may select (unless I ask in writing for it to be withheld).
- 9 I authorise the Trustee to retain and store information on my behalf despite any provision to the contrary in any Privacy Legislation.
- 10 I agree to all of the terms and conditions set out in the trust deed for the Fund, as amended from time to time.
- 11 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.

**The Member**

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Signed by Cara Harrison:



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**Cara Harrison**  
Member

**Dated:** 11/12/2019