

THE OPDAM FAMILY SUPERANNUATION FUND

Doc 1.8

REGISTER OF MEMBERS

Date Appointed	Member Name	Member Address	Date Ceased
30/10/2012	Walter Opdam	UNIT 3 57 CROWN ROAD QUEENSCLIFF NSW 2096	
30/10/2012	Luanna Jeanne Wells	UNIT 3 57 CROWN ROAD QUEENSCLIFF NSW 2096	

**THE OPDAM FAMILY SUPERANNUATION FUND
(FUND)**

APPLICATION FOR MEMBERSHIP

TO: THE TRUSTEES OF THE FUND

AGREEMENT AND UNDERTAKING

I, the undersigned person, being eligible for membership, hereby apply for admission to membership of the Fund. I agree and undertake that:

if I am an employee of any other Member, I am also a Relative of the other Member(s);

I am not disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;

I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time;

I will, on request, make full disclosure in writing of any information required by the Trustee in respect of my medical condition or my membership of the Fund including any circumstance which may have the effect that:

I may become an employee of any other Member or Members where I will not also be a Relative of the other Member(s); or

I may become disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;

I understand the terms and conditions of the Trust Deed including my obligations as a Trustee and I agree to sign and deliver to the Australian Taxation Office such form or declaration in connection with my accepting the office of a Trustee or as a Director of the Trustee as may be required under the Relevant Law within such period as the Relevant Law requires;


I understand the terms and conditions of Division B of the Deed concerning Benefits payable;

I understand that I am not legally obliged to provide my tax File Number (TFN) to the Trustee but if I do not provide my TFN, concessional contributions will be taxed at the highest marginal tax rate plus the Medicare levy and the Fund will not be able to accept non-concessional contributions.

My TFN is 131803966.

I agree to act as a Trustee for the Fund or to act as a Director of the trustee.

Name:	Walter Opdam
Address:	UNIT 3 57 CROWN ROAD QUEENSCLIFF NSW 2096
Date of Birth:	10/09/1957



Signature of Member

_____/_____/_____
Date (Please ensure that you date this part of the form)

SIGN HERE

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(FUND)**

APPLICATION FOR MEMBERSHIP

TO: THE TRUSTEES OF THE FUND

AGREEMENT AND UNDERTAKING

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if I am an employee of any other Member, I am also a Relative of the other Member(s);

I am not disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;

I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time;

I will, on request, make full disclosure in writing of any information required by the Trustee in respect of my medical condition or my membership of the Fund including any circumstance which may have the effect that:

I may become an employee of any other Member or Members where I will not also be a Relative of the other Member(s); or

I may become disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;

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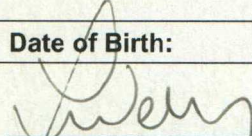
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I understand that I am not legally obliged to provide by tax File Number (TFN) to the Trustee but if I do not provide my TFN, concessional contributions will be taxed at the highest marginal tax rate plus the Medicare levy and the Fund will not be able to accept non-concessional contributions.

My TFN is 260720572.

I agree to act as a Trustee for the Fund or to act as a Director of the trustee.

Name:	Luanna Jeanne Wells
Address:	UNIT 3 57 CROWN ROAD QUEENSCLIFF NSW 2096
Date of Birth:	21/04/1956


Signature of Member

_____/_____/_____
Date (Please ensure that you date this part of the form)

SIGN HERE

WALTER OPDAM

DEATH BENEFIT NOTICES

Please tick the relevant box:-

☐

I wish to give a **NON-BINDING** DEATH BENEFIT NOTICE.

To give your NON-BINDING DEATH BENEFIT NOTICE, please tick this box and complete **Section 1** below.

- OR -

☐

I wish to give a **BINDING** DEATH BENEFIT NOTICE.

To give your BINDING DEATH BENEFIT NOTICE, please tick this box and complete **Section 2** below ensuring that your signature is witnessed as set out below.

DO NOT COMPLETE BOTH BOXES

SECTION 1

NON-BINDING DEATH BENEFIT NOTICE

Complete this form if you wish to nominate who should receive your superannuation benefits on your death, and you do not want that nomination to be binding on the trustee.

Details of the Fund

Fund Name: _____

Member Name: _____

Beneficiaries

The person or persons nominated must be either a Dependant (as defined under the Superannuation Industry (Supervision) Act 1993 (Cth) and the Superannuation Industry (Supervision) Regulations 1994 (Cth)), your legal personal representative or a combination of both. If you wish to nominate your legal personal representative, please write the words "legal personal representative" or "estate".

I nominate the undermentioned persons as the person or persons who I wish to receive my superannuation benefits on my death:

Surname(s)	Given Name(s)	Relationship to the Member	% of Total Benefit	Transferred via Lump Sum or Pension
			Total must equal 100%	

If any of the persons nominated above predecease me, I wish that the part of my death benefit that would otherwise have been payable to the deceased person noted above, be paid to the person or persons nominated below:

Name of Dependant initially nominated above	Proportion of Total Benefit nominated above	Name of Person taking the place of the deceased Dependant	Relationship to the Member	Transferred via Lump Sum or Pension

Member to Sign Non-Binding Death Benefit Notice

You must sign this form below.

Signature of Member

____/____/____
Date (Please ensure that you date this part of the form)

SECTION 2

BINDING DEATH BENEFIT NOTICE

Complete this form if you wish to nominate who should receive your superannuation benefits on your death, and you want that nomination to be binding on the trustee.

Details of the Fund

Fund Name: _____

Member Name: _____

Beneficiaries

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Member to Sign Binding Death Benefit Notice

You must sign this form below.

Signature of Member

_____/_____/_____
Date (Please ensure that you date this part of the form)

Witnesses to Binding Death Benefit Notice

Two independent witnesses must sign this form below.

We declare that the Member signed and dated this form in our presence and that:

- we are each 18 years of age or over; and
- we are neither the Dependents specified above nor the legal personal representatives of the Member.

Signature of Witness

_____/_____/_____
Date (Please ensure that you date this part of the form)

Signature of Witness

_____/_____/_____
Date (Please ensure that you date this part of the form)

LUANNA JEANNE WELLS

DEATH BENEFIT NOTICES

Please tick the relevant box:-

☐I wish to give a **NON-BINDING** DEATH BENEFIT NOTICE.To give your NON-BINDING DEATH BENEFIT NOTICE, please tick this box and complete **Section 1** below.

- OR -

☐I wish to give a **BINDING** DEATH BENEFIT NOTICE.To give your BINDING DEATH BENEFIT NOTICE, please tick this box and complete **Section 2** below ensuring that your signature is witnessed as set out below.**DO NOT COMPLETE BOTH BOXES**

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