APPLICATION FOR MEMBERSHIP

OF

JONES SUPER FUND

	Full Name:	MATTHEW JONES				
	Address:	33 Foundry Turn HARRISDALE WA 6112				
	Date of Birth:	21/02/1982	Sex:	Male		
	I make application t	to become a member of JONES SUP	ER FUND ("The Fund")			
		* I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.				
	* I hereby apply to make contributions to the Fund and agree to be bound by the Deed and Rules governing the Fund.					
	Pursuant to the authorisations for the collection of Tax File Numbers ("TFN") contained in the taxation laws, the <i>Superannuation Industry (Supervision) Act 1993</i> and the <i>Privacy Act 1988</i> , I hereby agree to provide my TFN as follows:					
	My Tax File Number is: 3 9 2 0 8 0 8 2 8 And I hereby authorise the Trustees to use this tax file number.					
	NOMINATION OF BENEFICIARIES Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I hereby nominate the following persons to receive the benefit payable by the Trustees of the Fund in the event of my death:					
	Nam	e and Address	Relationship to Member	Proportion of Benefit		

day of August 20 19

%

%

Signature of Applicant:

Dated this

Witness: // Cuty
* Delete this clause if inapplicable

ZOH

APPLICATION FOR MEMBERSHIP

OF

JONES SUPER FUND

	Full Name:	CHELSEA CLAIRE JON	ES					
	Address:	33 Foundry Turn HARRISDALE WA 6112						
	Date of Birth:	13/02/1984	Sex: Fe	male				
	I make applicatio	n to become a member of JON	ES SUPER FUND ("The Fund")					
		I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time greed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.						
	* I hereby apply Fund.	* I hereby apply to make contributions to the Fund and agree to be bound by the Deed and Rules governing the Fund.						
	Pursuant to the authorisations for the collection of Tax File Numbers ("TFN") contained in the taxation laws, the <i>Superannuation Industry (Supervision) Act 1993</i> and the <i>Privacy Act 1988</i> , I hereby agree to provide my TFN as follows:							
	My Tax File Number is: 422488547 And I hereby authorise the Trustees to use this tax file number.							
	Whilst I acknowle	NOMINATION OF BENEFICIARIES Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I hereby nominate the ollowing persons to receive the benefit payable by the Trustees of the Fund in the event of my death:						
	Na	ame and Address	Relationship to Member	Proportion of Benefit				
				%				
******			Market Market					
			Care and a second and a	%				
	Dated this	28-H1 day o	August	20 19				
	Signature of App	licant:	Geres					
	Witness:	and I	4					
		se if inapplicable	The state of the s					