

THE HILLS SUPERANNUATION FUND

APPLICATION FOR MEMBERSHIP

Full Name: Eliza Emily Jane Hills
Address: 15 Eungai Place
North Narrabeen NSW 2101
Date of Birth: 27/10/1978

I make application to become a member of the The Hills Superannuation 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.

* The Applicant hereby applies to make contributions to the Fund and agrees 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 *Superannuation Industry (Supervision) Act 1993* and the *Privacy Act 1988*, I hereby agree to provide my TFN as follows:

My Tax File Number is: 1 9 7 3 4 4 9 3 3
and I hereby authorise the trustees to use this tax file number.

NOMINATION OF BENEFICIARIES

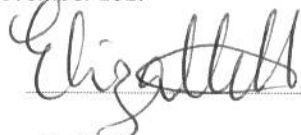
I hereby nominate the following persons to receive the benefit payable by the Trustees of the fund in the event of my death:

Name and Address	Relationship to member	Proportion of benefit
COLIN JOHN HILLS	HUSBAND	100 - %
		%

* I would like this nomination to be binding on the trustees (cross out & initial if inapplicable)

Dated this 3rd Day of November 2017

Signature of Applicant:



* Delete this clause if inapplicable

THE HILLS SUPERANNUATION FUND

APPLICATION FOR MEMBERSHIP

Full Name: Colin John Hills
Address: 15 Eungai Place
North Narrabeen NSW 2101
Date of Birth: 10/07/1969

I make application to become a member of the The Hills Superannuation 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.

* The Applicant hereby applies to make contributions to the Fund and agrees 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 *Superannuation Industry (Supervision) Act 1993* and the *Privacy Act 1988*, I hereby agree to provide my TFN as follows:

My Tax File Number is: 1 6 5 8 2 8 8 0 9
and I hereby authorise the trustees to use this tax file number.

NOMINATION OF BENEFICIARIES

I hereby nominate the following persons to receive the benefit payable by the Trustees of the fund in the event of my death:

Name and Address	Relationship to member	Proportion of benefit
Eliza Hills	wife	100 %
		%

* I would like this nomination to be binding on the trustees (cross out & initial if inapplicable)

Dated this 3rd Day of November 2017

Signature of Applicant:

