

**APPLICATION FOR MEMBERSHIP**  
**JOHNSON SUPERANNUATION FUND**  
**CONFIDENTIAL**

I, **CHRISTOPHER JOHNSON** of 74 CENTAUR STREET, KIPPA-RING, QLD 4021 apply for admission to membership of the Fund.

I state that I am eligible to be admitted as a member of the Fund and to be appointed a Trustee or a director of a corporate Trustee if the Fund is a self managed superannuation fund. I agree:

- (1) To be bound by the Trust Deed governing the Fund as it is or may be varied from time to time (and state I understand the terms and conditions of the Trust Deed, including the benefits payable, my rights and the rights of my Dependants).
- (2) To the Trustee acting as Trustee of the Fund.
- (3) If the Fund is a self managed fund to be appointed a Trustee or a director of the corporate Trustee.
- (4) To give the Trustee my details (including any Tax File Number), or for the Trustee to obtain them from my Employer.
- (5) To advise the Trustee of any preserved benefits or other relevant information regarding my superannuation contributions and benefits.
- (6) To give any other information the Trustee may require for the purposes of the Fund.

Dated:

8/1/2014

Signature:

  
**CHRISTOPHER JOHNSON**

Occupation:

Operations

Date of birth:

6 / 9 / 62

Tax File Number:

65941101

**NON-BINDING NOMINATION OF DEPENDANT(S)**

I nominate the following persons as my Nominated Dependants to receive any Benefits payable on my death, and I acknowledge this is not a binding nomination:

NAME	RELATIONSHIP	% OF TOTAL BENEFIT
<del>Nicole Corina Johnson</del>	<del>Daughter</del>	<del>25%</del>
<del>Jodie Anne Johnson</del>	<del>Daughter</del>	<del>25%</del>
<del>Courtney Paula Johnson</del>	<del>Daughter</del>	<del>25%</del>
<del>Finley Christine Johnson</del>	<del>Daughter</del>	<del>25%</del>

AS PER ESTATE




**APPLICATION FOR MEMBERSHIP**  
**JOHNSON SUPERANNUATION FUND**  
**CONFIDENTIAL**

I, **CARMEL JOHNSON** of 74 CENTAUR STREET, KIPPA-RING, QLD 4021 apply for admission to membership of the Fund.

I state that I am eligible to be admitted as a member of the Fund and to be appointed a Trustee or a director of a corporate Trustee if the Fund is a self managed superannuation fund. I agree:

- (1) To be bound by the Trust Deed governing the Fund as it is or may be varied from time to time (and state I understand the terms and conditions of the Trust Deed, including the benefits payable, my rights and the rights of my Dependants).
- (2) To the Trustee acting as Trustee of the Fund.
- (3) If the Fund is a self managed fund to be appointed a Trustee or a director of the corporate Trustee.
- (4) To give the Trustee my details (including any Tax File Number), or for the Trustee to obtain them from my Employer.
- (5) To advise the Trustee of any preserved benefits or other relevant information regarding my superannuation contributions and benefits.
- (6) To give any other information the Trustee may require for the purposes of the Fund.

Dated: 8/1/2014

Signature:   
**CARMEL JOHNSON**

Occupation: \_\_\_\_\_

Date of birth: 24/06/64

Tax File Number: 547 489 030



**NON-BINDING NOMINATION OF DEPENDANT(S)**

I nominate the following persons as my Nominated Dependants to receive any Benefits payable on my death, and I acknowledge this is not a binding nomination:

NAME	RELATIONSHIP	% OF TOTAL BENEFIT
<u>As per Estate.</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____