

**THE ROBYN OTTEY SUPERANNUATION FUND
APPLICATION FOR MEMBERSHIP**

Member's Name and Address: **ROBYN ELIZABETH ELSIE OTTEY**
7 Fawcett Way, Warwick WA 6024

Date of Birth: **22/04/43**

Date Joining Fund: **20/08/02**

I hereby apply for Membership of the above named superannuation fund.

I understand that I shall be deemed to be bound by the Trust Deed governing the Fund. I acknowledge having been given a copy of a written "Notice to New Member" regarding my rights and those of my dependents to receive benefits under the Fund.

At the date of this application I am an eligible person for the purpose of the Trust Deed.

I understand that an "eligible person" means that

1. I have worked at least 10 hours per week in any period during the two years immediately prior to the date in which I joined the Fund and I received income in respect of that work.

OR

2. I have retired from remunerative employment and an amount of money is to be transferred into the Fund from another superannuation fund, approved deposit fund, life assurance company or registered organisation.

OR

3. I am a spouse under age 65 or if over the age of 65 years I am at least part time gainfully employed and the fund is able to accept contributions made by my spouse.

I hereby agree to the trustees appointed acting as Trustees of the above fund.

I also agree that the statements made by me in this application shall be the basis of my membership and declare that to the best of my knowledge I have not withheld any material information of which the Trustee should be advised

R Ottey
Signature of Applicant

Date *20-8-2002*