

Application for Membership

MALI Superannuation Fund

I, **Mark James Mason** of **177 Tantitha Road BUNDABERG QLD 4670**, am a director of **MALI Superannuation Fund Pty Ltd ACN 638 788 995** ('the Trustee') the the Fund.

I hereby apply for membership of **MALI Superannuation Fund** and consent to becoming a Member of it. I confirm that I am not aware of any impediments to this application and acknowledge that I have read the Product Disclosure Statement including any other information provided to me.

I agree that upon acceptance of my membership to:

1. be bound by the terms of the Deed and the Rules of the Fund;
2. be bound by all decisions of the Trustee that were made in accordance with the Rules of the Fund, the superannuation laws and the trustee laws;
3. provide information to the Trustee where required, e.g. medical conditions;
4. provide my Tax File Number to the Trustee provided the Trustee abides by the laws relating to the collection and dissemination of my Tax File Number;
5. consent to the Trustee to hold that information despite anything to the contrary in the privacy legislation;
6. provide the Trustee, within a reasonable period of time a detailed death benefit plan that may include a Binding Death Benefit Nomination;
7. ensure that any Superannuation contributions, transfers or rollovers are made in accordance with the superannuation laws at that time;
8. notify the Trustee where I have become disabled, retired, attained preservation age or met some other condition of release; and
9. notify the Trustee where I have become separated from my Spouse that is deemed irreconcilable, if I have one.


Date of Birth:

29 / 10 / 1971
DD / MM / YYYY

Tax File Number:

175 406 121
Tax File Number

Executed by:



Mark James Mason

30 / 01 / 2020
Date

Application for Membership

MALI Superannuation Fund

I, **Lindy Jane Mason** of **177 Tantitha Road BUNDABERG QLD 4670**, am a director of **MALI Superannuation Fund Pty Ltd ACN 638 788 995** ('the Trustee') the the Fund.

I hereby apply for membership of **MALI Superannuation Fund** and consent to becoming a Member of it. I confirm that I am not aware of any impediments to this application and acknowledge that I have read the Product Disclosure Statement including any other information provided to me.

I agree that upon acceptance of my membership to:

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6. provide the Trustee, within a reasonable period of time a detailed death benefit plan that may include a Binding Death Benefit Nomination;
7. ensure that any Superannuation contributions, transfers or rollovers are made in accordance with the superannuation laws at that time;
8. notify the Trustee where I have become disabled, retired, attained preservation age or met some other condition of release; and
9. notify the Trustee where I have become separated from my Spouse that is deemed irreconcilable, if I have one.

Date of Birth:

13 / 07 / 1974
DD / MM / YYYY

Tax File Number:

186 915 222
Tax File Number

Executed by:



Lindy Jane Mason

30 / 01 / 2020
Date