

# Application for membership

## SB Burke Super Fund

I, **Scott Andrew Burke** of **427 Bonna Road, Branyan QLD 4670** am the director of **SB Burke Super Pty Ltd ACN 600 294 022** ('the trustee') the trustee for the Fund. I hereby apply for membership of **SB Burke Super 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.

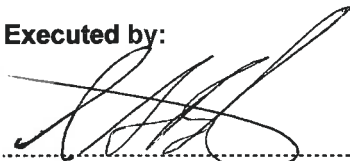
Date of Birth:

7 1 4 1 1 9 8 3

Tax File Number:

4 0 2 0 0 6 6 8 1

Executed by:

  
.....  
Scott Andrew Burke

24 6 2014  
.....  
Date

# Application for membership

## SB Burke Super Fund

I, **Britta Burke** of **427 Bonna Road, BRANYAN QLD 4670** am the director of **SB Burke Super Pty Ltd ACN 600 294 022** ('the trustee') the trustee for the Fund. I hereby apply for membership of **SB Burke Super 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;
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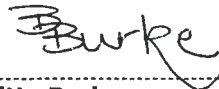
Date of Birth:

8 / 12 / 1983

Tax File Number:

413 566 687

Executed by:



Britta Burke

24 / 6 / 2014  
Date