# APPLICATION FOR MEMBERSHIP

## OF

### **BLAGG SUPER FUND**

Full Name:				
L WALL TOWNED.	Silvana Maria Luisa	a Blagg		
Address:	Lot 22 Morrisey Ro BULLSBROOK W			
Date of Birth:	31/07/1946		Sex: Female	
<ul> <li>I have disable</li> <li>In cons provisi annuity</li> </ul>	ment or termination of sideration of my admiss ons of the Trust Deed g	efits which I am entit service with my Emplion to membership, I soverning the Fund and of any of any other superar	led to receive from the Fund o loyer. hereby agree to abide by and b d I declare that I am not entitle muation fund or approved dep	ne bound by the led to a deferred
	·	(Full details to be provid	ed to Trustee)	
	number for the purpose	s of administering the	and I hereby authorise Fund and the payment of my	
In the event of r	ON OF BENEFIC  ny death it is my wish t  Name and Addre	hat my benefits shall	be paid to the following perso  Relationship to	Proportion of
In the event of r	ny death it is my wish t	hat my benefits shall		Proportion of benefit
In the event of r	ny death it is my wish t	hat my benefits shall	Relationship to	Proportion of
In the event of r	ny death it is my wish t  Name and Addre	hat my benefits shall	Relationship to Member	Proportion of benefit
In the event of r	ny death it is my wish t  Name and Addre	chat my benefits shall	Relationship to Member	Proportion of benefit  % %
In the event of r	ny death it is my wish t  Name and Addre	chat my benefits shall	Relationship to Member	Proportion of benefit  % % % % % % % % % % % % % % % % % %
	ny death it is my wish t  Name and Addre	chat my benefits shall	Relationship to Member	Proportion of benefit  % % % % % % % % % % % % % % % % % %
In the event of r	ny death it is my wish t  Name and Addre	chat my benefits shall	Relationship to Member	Proportion of benefit  % % % % % % % % % % % % % % % % % %
In the event of r stated below.	ny death it is my wish t  Name and Addre	css	Relationship to Member	Proportion of benefit  % % % % % % % % % % % % % % % % % %

### BINDING BENEFICIARY NOMINATION:

The above nomination to be a binding beneficiary nomination binding the trustee to pay the benefits as prescribed above ..... YES / NO

- Delete which is not applicable. If Yes Proceed to Execution Box A. The applicant and witnesses should also sign at the foot of each page.
- If No, Proceed to Execution Box B.
- If no election made, the default response shall be NO.
- Please read the following table carefully concerning the type of nomination.

Bindi	ing Beneficiary Nomination	Non-Binding Beneficiary Nomination
nomin no mo such i in su; that th that a to thre benef bindin	lid properly executed binding beneficiary nation is binding on the Trustee provided it is ore than three years since the date of signing of nomination or such lesser period as prescribed aperannuation trust deed and rules. Please note the trust deed and rules for the fund provide a binding beneficiary nomination expires prior ree years in the event a Member divorces a ficiary who was a nominated spouse under the ng beneficiary nomination form (ie. upon the see nisi for such marriage being made).	The Trustee may take into account your wishes but is not be bound by your nomination.
Adva •	Certainty for estate planning purposes.  Nomination may be varied through the provision of a new form of binding beneficiary nomination to the Trustee(s) executed in accordance with the requirements of the Superannuation Industry (Supervision) Act legislation.	• Trustee(s) may exercise discretion at the relevant time for payment of the benefits which is tax effective. A person who was previously a dependant may no longer be a dependant and so the benefits may be taxed at the highest rates.
Disad	Costly taxation consequences where a person who was a dependant at the time of the binding beneficiary nomination is no longer a dependant when the nomination takes effect.	Disadvantages:-  No certainty for payment of benefits in conformity with wishes of the Member because the Trustee(s) has/have a discretion for the application of the benefits.

A PERSON SHOULD OBTAIN PROFESSIONAL ADVICE CONCERNING THE NOMINATION OF BENEFICIARIES INCLUDING THE TYPE OF BENEFICIARY NOMINATION FORM TO BE PROVIDED.

Signature of Applicant	Witness 1	Witness 2	•

I agree to the above term detailed above.	s and acknowledgments as detailed above. Fu	arthermore I provide the authorities as
Dated this	day of	2002.
	Member in the sight and presence of the nesses who are not nominated persons	) ————————————————————————————————————
Witness 1: (Please Print)	Name) Witness (Signature)	<b></b>
Address of Witness		<b></b>
Witness 2: (Please Print )	Name) Witness (Signature)	
	wines (Signature)	
Address of Witness	<u> </u>	
agree to the above terms letailed above.	FOR NON - BINDING BENEFICIARY Nos and acknowledgments as detailed above. Fu	
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agree to the above terms letailed above.  Dated this  Signed by the Applicant/	s and acknowledgments as detailed above. Fu	2002.  )  Applicant/Member
agree to the above terms letailed above. Dated this Signed by the Applicant/ Witness: (Please Print N	s and acknowledgments as detailed above. Fu  day of  Member in the presence of:	2002.  )  Applicant/Member )
agree to the above terms letailed above.  Dated this ligned by the Applicant/  Witness: (Please Print N	day of  Member in the presence of:  Witness (Signature)	2002.  )  Applicant/Member )
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agree to the above terms letailed above.  Dated this  Signed by the Applicant/  Witness: (Please Print N	day of  Member in the presence of:  Witness (Signature)	2002.  )  Applicant/Member )

### **DECLARATION BY TRUSTEE**

## <u>UNDER SECTION 118 OF THE</u> <u>SUPERANNUATION INDUSTRY (SUPERVISION) ACT 1993</u>

- I, Roland Francis Blagg
- of Lot 22 Morrisey Road BULLSBROOK WA 6084

**HEREBY DECLARE** that I am not a disqualified person as defined by SIS and am therefore not disqualified from acting as a trustee of a superannuation fund under SIS.

**HEREBY DECLARE** that I am aware of my responsibilities under the trust deed having read and fully understood it's contents, and also my responsibilities under SIS.

AND HEREBY	CONSENT	to act as	Trustee of BL	AGG SUPER	<b>FUND</b>
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	W 02	
constituted on	10-1-(3/	(date of establishment
constituted on		(date of establishment

**AND I AGREE** to execute the Trust Deed and to administer the Fund in accordance with the terms and conditions set out in the Trust Deed and other legislative requirements.

I UNDERTAKE to notify the trustee(s) of the Fund and the Australian Taxation Office in writing if I am for any reason disqualified from continuing to act as a trustee.

dated: 16-7-02

signed: .

\* Note re Disqualified Person (SIS Section 120):

The following are defined by SIS as being disqualified persons:

- 1. persons who have at any time been convicted of an offence in respect of dishonest conduct;
- 2. a civil penalty order was made against the person; or
- 3. a person is an insolvent under administration.

A body corporate trustee is a disqualified person where:

- 1. a receiver and manager has been appointed in respect of property beneficially owned by the body;
- an official manager or deputy official manager has been appointed in respect of the body;
- 3. a provisional liquidator has been appointed in respect of the body; or
- 4. the body has begun to be wound up.

N.B. A director of a Corporate trustee must not be a disqualified person as described above.

## **DECLARATION BY TRUSTEE**

# <u>UNDER SECTION 118 OF THE</u> <u>SUPERANNUATION INDUSTRY (SUPERVISION) ACT 1993</u>

- I, Silvana Maria Luisa Blagg
- of Lot 22 Morrisey Road BULLSBROOK WA 6084

**HEREBY DECLARE** that I am not a disqualified person as defined by SIS and am therefore not disqualified from acting as a trustee of a superannuation fund under SIS.

**HEREBY DECLARE** that I am aware of my responsibilities under the trust deed having read and fully understood it's contents, and also my responsibilities under SIS.

AND HEREBY	CONSENT 1	to act as	Trustee of E	BLAGG	<b>SUPER</b>	<b>FUND</b>
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	16-707	
constituted on	101.Q.X	(date of establishment

**AND I AGREE** to execute the Trust Deed and to administer the Fund in accordance with the terms and conditions set out in the Trust Deed and other legislative requirements.

I UNDERTAKE to notify the trustee(s) of the Fund and the Australian Taxation Office in writing if I am for any reason disqualified from continuing to act as a trustee.

dated: 10-7-00

signed: .

\* Note re Disqualified Person (SIS Section 120):

The following are defined by SIS as being disqualified persons:

- 1. persons who have at any time been convicted of an offence in respect of dishonest conduct;
- 2. a civil penalty order was made against the person; or
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- 2. an official manager or deputy official manager has been appointed in respect of the body;
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- 4. the body has begun to be wound up.

N.B. A director of a Corporate trustee must not be a disqualified person as described above.

### APPLICATION FOR MEMBERSHIP

### **OF**

#### **BLAGG SUPER FUND**

Full Name:

Roland Francis Blagg

Address:

Lot 22 Morrisey Road

**BULLSBROOK WA 6084** 

Date of Birth:

13/03/1943

Sex: Male

• I hereby apply to become a member of the abovementioned Fund.

• I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death, disablement or termination of service with my Employer.

In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the Trust Deed governing the Fund and I declare that I am not entitled to a deferred annuity and I am not a member of any other superannuation fund or approved deposit fund nor have I received benefits from any such fund, other than the following:-

#### (Full details to be provided to Trustee)

\*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. (\* Delete if not applicable)

### NOMINATION OF BENEFICIARIES

In the event of my death it is my wish that my benefits shall be paid to the following persons in the proportions stated below.

Name and Addre	88	Relationship to Member	Proportion of benefit
			%
			%
			%
	i		%
			%
Dated this	day of るい	2002.	
Signature of Applicant	Witness T	The second secon	Witness 2

# BINDING BENEFICIARY NOMINATION:

The above nomination to be a binding beneficiary nomination binding the trustee to pay the benefits as prescribed above  $\dots$  YES / NO

- Delete which is not applicable. If Yes Proceed to Execution Box A. The applicant and witnesses should also sign at the foot of each page.
- If No, Proceed to Execution Box B.
- If no election made, the default response shall be NO.
- Please read the following table carefully concerning the type of nomination.

Binding Beneficiary Nomination	Non-Binding Beneficiary Nomination
A valid properly executed binding beneficiary nomination is binding on the Trustee provided it is no more than three years since the date of signing of such nomination or such lesser period as prescribed in superannuation trust deed and rules. Please note that the trust deed and rules for the fund provide that a binding beneficiary nomination expires prior to three years in the event a Member divorces a beneficiary who was a nominated spouse under the binding beneficiary nomination form (ie. upon the decree nisi for such marriage being made).	The Trustee may take into account your wishes but is not be bound by your nomination.
<ul> <li>Advantages:-</li> <li>Certainty for estate planning purposes.</li> <li>Nomination may be varied through the provision of a new form of binding beneficiary nomination to the Trustee(s) executed in accordance with the requirements of the Superannuation Industry (Supervision) Act legislation.</li> </ul>	Advantages:-  Trustee(s) may exercise discretion at the relevant time for payment of the benefits which is tax effective. A person who was previously a dependant may no longer be a dependant and so the benefits may be taxed at the highest rates.
Disadvantages:-  Costly taxation consequences where a person who was a dependant at the time of the binding beneficiary nomination is no longer a dependant when the nomination takes effect.	Disadvantages:-  No certainty for payment of benefits in conformity with wishes of the Member because the Trustee(s) has/have a discretion for the application of the benefits.

OF BENEFICIARIES INCLUDING THE TYPE OF BENEFICIARY NOMINATION FORM TO BE PROVIDED.

Signature of Applicant	Witness I	Witness 2

EXECUTION BOX A - FOR F	Inc. 1.1	
I agree to the above terms and ac detailed above.	knowledgments as detailed above. Fu	orthermore I provide the authorities as
Dated this	day of	2002.
Signed by the Applicant/ Membe following two adult witnesses we referred to above.	r in the sight and presence of the ho are not nominated persons	) ————————————————————————————————————
Witness 1: (Please Print Name)	Witness (Signature)	<b></b>
Address of Witness	· · · · · · · · · · · · · · · · · · ·	
Witness 2: (Please Print Name)	Witness (Signature)	<b></b>
Address of Witness		
N		****
agree to the above terms and ack		
agree to the above terms and ackletailed above.		
agree to the above terms and ackletailed above.  Dated this  Signed by the Applicant/ Member	cnowledgments as detailed above. Fur	rthermore I provide the authorities as
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agree to the above terms and acketailed above.  Dated this signed by the Applicant/ Member Witness: (Please Print Name)	cnowledgments as detailed above. Funday of in the presence of:	rthermore I provide the authorities as 2002.
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