

APPLICATION FOR MEMBERSHIP

With Indicative Death Benefit Nomination - No Binding Death Benefit Nomination

MEMBER DETAILS

Name:	Laban William Davis
Address:	1350 Dayboro Road Dayboro, Qld 4521
Date of Birth	29/11/1952
Tax File Number	481 166 405
Occupation	Manager
Telephone:	
Fax:	
Amount of Deposit (\$)*:	

* (A Statement of Termination Payment needs to be attached if an amount is being transferred from another superannuation fund?)

I hereby apply to become a member of the Davis Superannuation Fund

I understand that my membership is subject to terms and conditions specified in the Trust Deed governing the Fund

DATED: 24 July 2008

SIGNATURE:



EMPLOYER DETAILS

EMPLOYER DETAILS:

ADDRESS: