

Application for Membership

of The CDK SUPERANNUATION FUND.

New Member Full Name CHRISTOPHER THOMSON

Address of Applicant 4 MONTROSE AVE
SARASOTA WA 6070

Employer -

Trustee YES.

1. I apply for the membership of the Fund.
2. If applicable, I have been invited by the Employer for membership to the Fund.
3. 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 the Employer (where applicable).
4. In consideration of my admission to membership, I agree to abide by and be bound by the provisions of the Trust Deed governing the Fund. I declare that I have no entitlement to any annuity and I am not a member of, nor have I received benefits from, any other superannuation fund or approved deposit fund, other than as set out on the attached page (please supply details of benefits paid or payable on a separate page).
5. I undertake to advise the Trustee, in writing, if at any time I receive or become entitled to receive a benefit from any superannuation fund or approved deposit fund or deferred annuity not declared according to the above.
6. I undertake to advise the trustee in writing of any contributions made by or on behalf of me, other than by the Employer, which would vary the amount specified above.
7. I agree to the Trustee acting as Trustee of the Fund.
8. I enclose my **Nomination Form**.
9. I have read and understood the Fund's Trust Deed. I have noted the benefits payable under this Trust Deed. I have also received my own copy of the Product Disclosure Statement which was attached to this Application for Membership. I have fully read and understood the Product Disclosure Statement.

CT. [Signature]
Signed by the Applicant

Date: 3.04.17

Application for Membership

of The CDK SUPERANNUATION FUND

New Member Full Name DORIS THOMSON

Address of Applicant 4 MONTROSE AVE
DARLINGTON WA 6070

Employer -

Trustee YES.

1. I apply for the membership of the Fund.
2. If applicable, I have been invited by the Employer for membership to the Fund.
3. 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 the Employer (where applicable).
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DT Thomson
Signed by the Applicant

Date: 3.4.2017

Application for Membership

of The

CDK SUPERANNUATION FUND

New Member Full Name

KYLIE THOMSON

Address of Applicant

Employer

—

Trustee

YES

1. I apply for the membership of the Fund.
2. If applicable, I have been invited by the Employer for membership to the Fund.
3. 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 the Employer (where applicable).
4. In consideration of my admission to membership, I agree to abide by and be bound by the provisions of the Trust Deed governing the Fund. I declare that I have no entitlement to any annuity and I am not a member of, nor have I received benefits from, any other superannuation fund or approved deposit fund, other than as set out on the attached page (please supply details of benefits paid or payable on a separate page).
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KT

Signed by the Applicant

Date: 3/4/17