

# J & N BON SUPERANNUATION FUND

## APPLICATION FOR MEMBERSHIP

Full Name: Johannes Gerardus Bon

Address: 7 Sylvaner Avenue  
Auldana SA 5072

Date of Birth: 28/06/1945

Sex:

I make application to become a member of the J & N Bon Superannuation Fund ("The Fund")

\*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.

\* The Applicant hereby applies to make contributions to the Fund and agrees to be bound by the Deed and Rules governing the Fund. The Applicant confirms his employment income is less than 10% of his assessable income and that if this position changes the Applicant will immediately inform the Trustee.

Pursuant to the authorisations for the collection of Tax File Numbers ("TFN") contained in the taxation laws, the *Superannuation Industry (Supervision) Act 1993* and the *Privacy Act 1988*, I hereby agree to provide my TFN as follows:

My Tax File Number is: \_\_\_\_\_  
and I hereby authorise the trustees to use this tax file number.

### NOMINATION OF BENEFICIARIES (Non Binding)

Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I hereby nominate the following persons to receive the benefit payable by the Trustees of the fund in the event of my death:

Name and Address	Relationship to member	Proportion of benefit
_____	_____	_____%
_____	_____	_____%

Dated this 10<sup>th</sup> Day of June 2008

Signature of Applicant: \_\_\_\_\_

Witness: \_\_\_\_\_

\* Delete this clause if inapplicable

# J & N BON SUPERANNUATION FUND

## APPLICATION FOR MEMBERSHIP

Full Name: Nubia Bon

Address: 7 Sylvaner Avenue  
Auldana SA 5072

Date of Birth: 23/09/1948

Sex:

I make application to become a member of the J & N Bon Superannuation Fund ("The Fund")

\*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.

\* The Applicant hereby applies to make contributions to the Fund and agrees to be bound by the Deed and Rules governing the Fund. The Applicant confirms his employment income is less than 10% of his assessable income and that if this position changes the Applicant will immediately inform the Trustee.

Pursuant to the authorisations for the collection of Tax File Numbers ("TFN") contained in the taxation laws, the *Superannuation Industry (Supervision) Act 1993* and the *Privacy Act 1988*, I hereby agree to provide my TFN as follows:

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and I hereby authorise the trustees to use this tax file number.

### NOMINATION OF BENEFICIARIES (Non Binding)

Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I hereby nominate the following persons to receive the benefit payable by the Trustees of the fund in the event of my death:

Name and Address	Relationship to member	Proportion of benefit
_____	_____	_____%
_____	_____	_____%

Dated this 10<sup>th</sup> Day of June 2008

Signature of Applicant: \_\_\_\_\_

Witness: \_\_\_\_\_

\* Delete this clause if inapplicable