

Application Form for Members

To: The Trustee
Finning Family Superfund
PO Box 988
Emerald QLD 4720

Details of applicant

Name	Brenda Jo Finning
Former name	
Address	17 Longford Street, Emerald QLD 4720
Date of birth	23 December 1982
Place of birth	
Tax File Number	

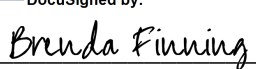
Application for membership

I confirm my application to become a Member of the Fund from 24 February 2012 and declare as follows:

- 1 I am not a Disqualified Person.
- 2 I consent to being appointed as an individual Trustee of the Fund.
- 3 I am not an Employee or Employer of another Member or, I am only an Employee or Employer of another Member who is a Relative.
- 4 I have received, read and understand the trust deed governing the Fund and the Product Disclosure Statement for the Fund (including my role as a Member and as a Trustee and the information relating to the supply of my tax file number to the Trustee).
- 5 I agree to be bound by the trust deed governing the Fund as amended from time to time.
- 6 I agree to provide to the Trustee any information in relation to my membership of the Fund as and when the Trustee requests.
- 7 The information in this form is true and correct. If any of the information contained in this form changes or is no longer correct, I will notify the Trustee of the change.

Dated 14 May 2020 _____

Signed

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Brenda Jo Finning