

THE TRUSTEES
SHIRLEY ROSE SUPERANNUATION FUND
195 DUNLIN DRIVE
BURLEIGH WATERS QLD 4220
Re: Application For Membership

I, the undersigned person, being eligible, hereby apply for admission to membership of the
SHIRLEY ROSE SUPERANNUATION FUND

I undertake as follows:

- (i) I will be bound by the Trust Deed governing the Fund as it is presently constituted or as it may be varied from time to time.
- (ii) I understand the terms and conditions of the Trust Deed including benefits payable to Members and understand my rights and the rights of my dependants pursuant to the Trust Deed.

My personal details and my employer(s) details are attached.

I hereby acknowledge that the discretion vested in you by Rule 12.2 of the Fund is an absolute free and unfettered discretion but I express the wish that in the exercise of such discretion you give consideration to paying any death benefit in the following proportions:-

Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	Proportion of Death Benefit
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.....

I understand that the trustee is required to request that I provide my tax file number for the purposes of the Income Tax Assessment Act. I further understand that I am under no obligation to supply this number, but that should I fail to do so, tax may be deducted at a higher rate from my account.

My tax file number is: 390 649 434

12th January, 2015

Yours faithfully,


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SHIRLEY ROSE SMITH

EMPLOYEE'S PERSONAL AND EMPLOYMENT DETAILS

Full Name: SHIRLEY ROSE SMITH
Address: 195 DUNLIN DRIVE
BURLEIGH WATERS QLD 4220
D.O.B.: 26th July, 1955

Salary: \$
Employer:
Address:

Date Employment Commenced: / /