

**THE
BARBARO SUPERANNUATION FUND
APPLICATION FOR MEMBERSHIP**

Member's Name and Address: **PETER JOHN BARBARO
20 GRAHAM STREET, WINGFIELD, SA 5013**

Date of Birth: **23/7/68**

Place of Birth:

Date Joining Fund: **07/04/97**

I hereby apply for membership of the abovenamed superannuation fund.

I understand that I shall be deemed to be bound by the Trust Deed governing the Fund. I acknowledge having been given a copy of a written "Notice to New Member" regarding my rights and those of my dependents to receive benefits under the Fund.

At the date of this application I am an eligible person for the purpose of the Trust Deed.

I understand that an "eligible person" means that

1. I have worked at least 10 hours per week in any period during the two years immediately prior to the date in which I joined the Fund and I received income in respect of that work.

OR

2. I have retired from remunerative employment and an amount of money is to be transferred into the Fund from another superannuation fund, approved deposit fund, life assurance company or registered organisation.

I have been informed that the Trustees of the Fund are:-

**JOE BARBARO
BARBARO BARBARO
PETER BARBARO**

and I hereby agree to these people acting as Trustees of the above fund. I also agree that the statements made by me in this application shall be the basis of my membership and declare that to the best of my knowledge I have not withheld any material information of which the Trustee should be advised.



Signature of Applicant

Date