

APPLICATION OF MEMBERSHIP TO POWELL SF

I, Deborah Lea Powell of 17 Sears Road, YATALA, QLD 4207, hereby apply for membership of the fund. I agree, upon acceptance of my membership to:

1. be bound by all of the rules of the fund, a copy of which is at the office of the Trustee;
2. be bound by all decisions of the Trustee of the fund including decisions that may impact upon my membership benefits provided those decisions are made in accordance with the rules of the fund, the superannuation laws, the Trustee laws and that they do not detrimentally impact my benefits;
3. provide information to the Trustee where required including medical information enabling the Trustee to facilitate any death or incapacity insurance on my behalf;
4. provide my tax file number to the Trustee provided the Trustee abides by the laws relating to the collection and dissemination of my tax file number;
5. consent to the Trustee to hold that information despite anything to the contrary in the privacy legislation;
6. provide the Trustee, within a reasonable period of time a detailed estate plan that may include a binding death benefit nomination or request for a death benefit rule to be made on my behalf;
7. ensure that at the time of making any super contributions that those contributions are made in accordance with the superannuation laws;
8. notify the Trustee where I become incapacitated, retired, meet some other condition of release of my benefits from the preservation rules or if I become divorced.

DATE OF BIRTH: 22 May 1965

TFN:



Deborah Lea Powell

Dated: 11.11.15