

## Application Form for Members

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

### Details of applicant

<b>Name</b>	Glen Arthur Finning
<b>Former name</b>	
<b>Address</b>	17 Longford Street, Emerald QLD 4720
<b>Date of birth</b>	22 April 1982
<b>Place of birth</b>	
<b>Tax File Number</b>	

### Application for membership

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

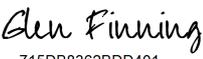
- 1 I am not a Disqualified Person.
- 2 I consent to being appointed as an individual Trustee of the Fund.
- 3 I am not an Employee or Employer of another Member or, I am only an Employee or Employer of another Member who is a Relative.
- 4 I have received, read and understand the trust deed governing 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.

14 May 2020

**Dated**

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**Signed**

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Glen Arthur Finning