APPLICATION FOR MEMBERSHIP

THE J L NELSON SUPERANNUATION FUND

CONFIDENTIAL

I, JOHN LEONARD NELSON of 28 AMITY BOULEVARD, COOGEE, WA 6166 apply for admission to membership of the Fund.

I state that I am eligible to be admitted as a member of the Fund and to be appointed a Trustee or a director of a corporate Trustee if the Fund is a self managed superannuation fund. I agree:

- To be bound by the Trust Deed governing the Fund as it is or may be varied from time to time (and state I understand the terms and conditions of the Trust Deed, including the benefits payable, my rights and the rights of my Dependants).
- If the Fund is a self managed fund to be appointed a Trustee or a director of the corporate Trustee. (2)
- To give the Trustee my details (including any Tax File Number), or for the Trustee to obtain them from my Employer.
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| (4) | To advise the Trustee of any preserved benefits or other relevant information regarding my superannuatic contributions and benefits. | | | | | | |
|--|--|---------------------|--------------|---|--------------------|--|--|
| (5) | To give any other information to the Trustee that the Trustee may require for the purposes of the Fund. | | | | | | |
| Dated: | | <u>615</u> 12023 | meda | | | | |
| Signature: | | JOHN LEONARD NELSON | | | | | |
| Occupation: | | RETIRED EN GOINEGR. | | | | | |
| Date | of birth: | 201041 | 1941 | | | | |
| Tax File Number: | | | | | | | |
| NON-BINDING NOMINATION OF DEPENDANT(S) | | | | | | | |
| I nominate the following persons as my Nominated Dependants to receive any Benefits payable on my death, and acknowledge this is not a binding nomination: | | | | | | | |
| NAM | E | | RELATIONSHIP | | % OF TOTAL BENEFIT | | |
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