

McLEAN SUPERANNUATION FUND
APPLICATION FOR MEMBERSHIP

To: The Trustees
Christian McLean and Kim McLean
McLean Superannuation Fund

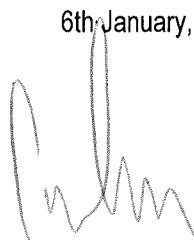
I hereby apply for admission to membership of the above fund.

I agree and undertake as follows:-

1. I will be bound by the Trust Deed governing the Fund.
2. I acknowledge that the Trustee has invited me to request a Product Disclosure Statement at my discretion which sets out my rights and the rights of my dependants pursuant to the Deed and of the benefits payable under the fund.
3. I consent to the Trustee named above acting as Trustee.
4. I am an eligible person as defined in the Trust Deed governing the fund, being a person who:-
 - ★ is resident in Australia and is not prohibited under the Relevant Law from becoming a Member; or
 - ★ otherwise meets eligibility criteria expressly or impliedly contained in the Trust Deed.

NAME: Christian McLean
ADDRESS: 7 Borrell Street
KEILOR VIC 3036
DATE OF BIRTH: 6th January, 1974

SIGNED: _____



CHRISTIAN McLEAN

DATED: 31/10/12

SUPERANNUATION
INDIVIDUAL TAX FILE NUMBER NOTIFICATION VIA FUND TRUSTEE
This form may only be used to pass on your tax file number to your superannuation fund.

Fund name: McLean Superannuation Fund

Fund Address: 7 Borrell Street
KEILOR VIC 3036

Trustee Name: Christian McLean
Kim McLean

Your Name: Christian McLean

Your Address: 7 Borrell Street
KEILOR VIC 3036

Date of Birth: 6th January, 1974

Sex Male Female

I agree to provide my Tax File Number Yes No

My Tax File Number is: _____

Signature: _____

Date 21/11/12

Collection of tax file numbers is authorised by tax laws, the *Superannuation Industry (Supervision) Act 1993* and the *Privacy Act 1988*. Changes to the tax file number law require trustees to ask you to provide your tax file number to your superannuation fund. By completing this form and providing it to your fund will allow your trustee to use your tax file number for the purposes contained in the *Superannuation Industry (Supervision) Act 1993* and for the purpose of paying eligible termination payments.

The purposes currently authorised include:

- * taxing eligible termination payments at concessional rates;
- * finding and amalgamating your superannuation benefits where insufficient information is available;
- * passing your tax file number to the Australian Taxation Office when you receive a benefit or have unclaimed superannuation money after reaching the aged pension age; and
- * allowing the trustee of your superannuation fund to provide your tax file number to a superannuation fund receiving any benefits you may transfer. Your trustee won't pass your tax file number to any other fund if you tell the trustee in writing that you don't want them to pass it on.

You are not required to provide your tax file number. Declining to quote your tax file number is not an offence. However, if you do not give your superannuation fund your tax file number, either now or later:-

- * you may pay more tax on your superannuation benefits than you have to (you will get this back at the end of the financial year in your income tax assessment); and
- * it may be more difficult to find your superannuation benefits if you change address without notifying your fund or to amalgamate any multiple superannuation accounts.

The lawful purposes for which your tax file number can be used and the consequences of not quoting your tax file number may change in future, as a result of legislative change.

For more information, please contact your fund or the ATO Superannuation Helpline (on 13 10 20).

McLean Superannuation Fund
BINDING DEATH BENEFIT NOMINATION

TO: The Trustee
I, Christian McLean
of 7 Borrell Street, Keilor

being a *Member/*Pensioner (*delete one) of this superannuation fund hereby direct the Trustee of the Fund to pay my Death Benefit to the persons in the proportion and in the form specified below:-

FULL NAME OF RECIPIENT: _____

FULL ADDRESS OF RECIPIENT: _____

RELATIONSHIP OF RECIPIENT: Dependant Legal personal representative

PERCENTAGE OF DEATH BENEFIT: _____

FULL NAME OF RECIPIENT: _____

FULL ADDRESS OF RECIPIENT: _____

RELATIONSHIP OF RECIPIENT: Dependant Legal personal representative

PERCENTAGE OF DEATH BENEFIT: _____

FULL NAME OF RECIPIENT: _____

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PERCENTAGE OF DEATH BENEFIT: _____

FULL NAME OF RECIPIENT: _____

FULL ADDRESS OF RECIPIENT: _____

RELATIONSHIP OF RECIPIENT: Dependant Legal personal representative

PERCENTAGE OF DEATH BENEFIT: _____

SIGNED: _____
 Member / Pensioner First Witness Second Witness

*** It is important that you only nominate people to whom superannuation law permits the trustee to pay benefits. Refer to the definition of Dependant in the trust deed. You may also nominate your legal personal representative (ie the executor or administrator of your estate upon your death)*

By signing this Binding Death Benefit Nomination, I revoke all prior Binding Death Benefit Nominations I have made.

I understand that this nomination expires when revoked or amended by me.

SIGNED: _____

DATED: _____

FIRST WITNESS DECLARATION

I hereby declare that:

1. I have not been nominated as a Beneficiary pursuant to this instrument.
2. This instrument was executed by the Member/Pensioner in my presence.

Name of witness: _____

SIGNED: _____

DATED: _____

SECOND WITNESS DECLARATION

I hereby declare that:

1. I have not been nominated as a Beneficiary pursuant to this instrument.
2. This instrument was executed by the Member/Pensioner in my presence.

Name of witness: _____

SIGNED: _____

DATED: _____

**McLEAN SUPERANNUATION FUND
APPLICATION FOR MEMBERSHIP**

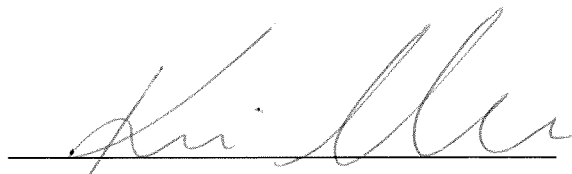
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 - ★ is resident in Australia and is not prohibited under the Relevant Law from becoming a Member; or
 - ★ otherwise meets eligibility criteria expressly or impliedly contained in the Trust Deed.

NAME: Kim McLean
ADDRESS: 7 Borrell Street
KEILOR VIC 3036
DATE OF BIRTH: 10th September, 1971

SIGNED:  DATED: 31/10/12
KIM McLEAN

SUPERANNUATION
INDIVIDUAL TAX FILE NUMBER NOTIFICATION VIA FUND TRUSTEE
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Fund name: McLean Superannuation Fund

Fund Address: 7 Borrell Street
KEILOR VIC 3036

Trustee Name: Christian McLean
Kim McLean

Your Name: Kim McLean

Your Address: 7 Borrell Street
KEILOR VIC 3036

Date of Birth: 10th September, 1971

Sex Male Female

I agree to provide my Tax File Number Yes No

My Tax File Number is: _____

Signature: _____

Date

21/11/12

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McLean Superannuation Fund
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TO: The Trustee
I, Kim McLean
of 7 Borrell Street, Keilor

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FULL NAME OF RECIPIENT: _____
FULL ADDRESS OF RECIPIENT: _____
RELATIONSHIP OF RECIPIENT: Dependant Legal personal representative
PERCENTAGE OF DEATH BENEFIT: _____

FULL NAME OF RECIPIENT: _____
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PERCENTAGE OF DEATH BENEFIT: _____

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SIGNED: _____
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By signing this Binding Death Benefit Nomination, I revoke all prior Binding Death Benefit Nominations I have made.

I understand that this nomination expires when revoked or amended by me.

SIGNED: _____

DATED: _____

FIRST WITNESS DECLARATION

I hereby declare that:

1. I have not been nominated as a Beneficiary pursuant to this instrument.
2. This instrument was executed by the Member/Pensioner in my presence.

Name of witness: _____

SIGNED: _____

DATED: _____

SECOND WITNESS DECLARATION

I hereby declare that:

1. I have not been nominated as a Beneficiary pursuant to this instrument.
2. This instrument was executed by the Member/Pensioner in my presence.

Name of witness: _____

SIGNED: _____

DATED: _____

McLEAN SUPERANNUATION FUND
BENEFIT ELECTION FORM

TO: The Trustee

I, _____ [Name]

of _____ [Address]

being a Beneficiary of the above superannuation fund hereby wish to advise that:-

1. I am a *Member/*Pensioner (*delete one) of this superannuation fund and am entitled to receive a benefit from this superannuation fund.
2. I wish to receive my benefit in the following manner:-

NATURE OF BENEFIT	AMOUNT OF BENEFIT (refer to Notes)	
	%	\$
Cash		
Annuity		
Pension – (please specify type)		
Transfer of assets (please supply details)		
Other method (please supply details)		

Note 1 Use one or both columns

Note 2 You may choose more than one type of benefit and may indicate either the percentage of your account balance to be used for a benefit - or you may show the amount you wish to invest in a benefit you choose.

SIGNED: _____

DATED: _____