

MEMBER APPLICATION

Hamilton Family Retirement Fund

Application for membership

Confidential

The Trustee

I, Timothy Alexander Brett Hamilton

of 135A Victoria St Adamstown NSW 2291

hereby declare that I have received sufficient information from the Trustees to enable me to make an informed decision about joining the fund.

I, hereby apply to join the **Hamilton Family Retirement Fund**

(the Fund) and I hereby authorise my employer to make any contributions as and when due, in accordance with the Trust Deed of the Fund.

I also agree and undertake the following:


- (a) I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
- (b) I understand the terms and conditions of the Trust Deed, especially those concerning benefits payable.
- (c) I consent to act as Trustee of the Fund for the purposes of complying with the self managed super fund requirements.
- (d) I will upon request make full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other superannuation fund, approved deposit fund, rollover annuity or employer.
- (e) I will notify the Trustee at any time I cease to be gainfully employed as defined in the Trust Deed.
- (f) I consent to the Trustee acting as Trustee of the Fund.
- (g) I declare that the information completed below regarding nominated dependants (if any) is accurate in every respect.
- (h) I declare that in completing this application I was given advice in writing regarding the benefits I would be entitled to in joining the fund, the method of determining that entitlement and the conditions relating to those benefits.
- (i) I declare that I have been provided with a copy of the most recent report to members and details of fund earnings rates to the membership class which I belong.

I am aware that in the event of my death while a member of the Fund the benefit provided under the Deed is payable at the Trustee's discretion to one or more of my dependants, or where I have no dependants, to my estate.

In such an event, it is my wish that the benefit be paid to the persons nominated below in the proportions shown:

Name: Legal Representative 100%

Dated this 14th day of November 1990

Signature: 

SCANNED