

## APPLICATION FOR MEMBERSHIP

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Name of Fund: Mindyvail Superannuation Fund

Member's Name: Patricia Hammill

(Minor's Name if on behalf of minor)

Address:  
66 Wilson Street  
Princess Hill VIC 3054

Date of Birth: 14/03/1942

Occupation:

Telephone:

Fax:

Tax File Number : 317856456

Contributing Employer(s):

I hereby apply to become a Member of the above-mentioned Fund.

• I apply as the parent *or* guardian of and on behalf of the minor referred to above. (Delete if Inapplicable)

I understand that my membership is subject to terms and conditions specified in the Governing Rules.

This application is accompanied by a Product Disclosure Statement.

I have received from the Trustee a notice containing information needed for the purpose of understanding the main features of the Fund, its management and financial condition and investment performance. (The Trustee must attach these if the Member is joining at a time other than when the fund is established).

Signed:

X 

Dated: 20/12/2002