## APPLICATION FOR MEMBERSHIP

The Trustee, THE	AR+ F	20	muruer	SUPERAM	JUANON	FND
apply for admission to men	bership of	the Fi	ınd.			
I understand the terms and conditions of the Trust Deed and I acknowledge I have been informed of my rights and the rights of my Dependants pursuant to the Deed.						
I will be bound by the pr	will be bound by the provisions of the Deed governing the Fund.					
Deposit Fund or Rollove	I am not nor have been a member of any superannuation fund nor have an interest in any Approved Deposit Fund or Rollover Annuity other than as disclosed on the reverse of this Application.					
and the second of any benefits I have received, may receive or may be entitled to						
				٠,		1.51
In the event of my death, (Note - a nomination is no	I nominate of necessary	the fo and i	llowing persons if made must be	as my Nominated reviewed from tim	Dependants:- e to time.)	
ADDRESS			RELATI	ONSHIP	TOT	ENTAGE OF AL BENEFIT D AMOUNT
					2	
37 <sup>TH</sup>			day of	Oerosan	Zo	lo
J7TH ALLEN ROY				Ocrosen	<u></u> 20	10
ALLEN ROY	MUR ROAD	LE	L. 	Ocrosen	<u>20</u>	10
ALLEN ROY	MUR ROAD	LE	L. 	Oerosen	20	10
	apply for admission to memoral undertake as follows:  I understand the terms as rights and the rights of modern and the rights of modern and the properties of the properties	apply for admission to membership of and undertake as follows:  I understand the terms and conditioninghts and the rights of my Dependary I will be bound by the provisions of I am not nor have been a member Deposit Fund or Rollover Annuity of I will make a full disclosure in writing receive from any other superannuation. I will notify the Trustee if at any time I consent to the Trustee acting as Trustee event of my death, I nominate (Note - a nomination is not necessary).	apply for admission to membership of the Fund undertake as follows:  I understand the terms and conditions of rights and the rights of my Dependants put I will be bound by the provisions of the D I am not nor have been a member of an Deposit Fund or Rollover Annuity other the I will make a full disclosure in writing of receive from any other superannuation fund I will notify the Trustee if at any time I certain I consent to the Trustee acting as Trustee of In the event of my death, I nominate the for (Note - a nomination is not necessary and its properties).	apply for admission to membership of the Fund.  Indudertake as follows:  I understand the terms and conditions of the Trust Deed a rights and the rights of my Dependants pursuant to the Deel I will be bound by the provisions of the Deed governing the I am not nor have been a member of any superannuation Deposit Fund or Rollover Annuity other than as disclosed I will make a full disclosure in writing of any benefits I has receive from any other superannuation fund, Approved Deel I will notify the Trustee if at any time I cease to be Gainful I consent to the Trustee acting as Trustee of the Fund.  In the event of my death, I nominate the following persons (Note - a nomination is not necessary and if made must be:	apply for admission to membership of the Fund.  If understand the terms and conditions of the Trust Deed and I acknowledge rights and the rights of my Dependants pursuant to the Deed.  If will be bound by the provisions of the Deed governing the Fund.  If am not nor have been a member of any superannuation fund nor have a Deposit Fund or Rollover Annuity other than as disclosed on the reverse of the I will make a full disclosure in writing of any benefits I have received, may receive from any other superannuation fund, Approved Deposit Fund or Roll I will notify the Trustee if at any time I cease to be Gainfully Employed as de I consent to the Trustee acting as Trustee of the Fund.  In the event of my death, I nominate the following persons as my Nominated (Note - a nomination is not necessary and if made must be reviewed from times).	I understand the terms and conditions of the Trust Deed and I acknowledge I have been it rights and the rights of my Dependents pursuant to the Deed.  I will be bound by the provisions of the Deed governing the Fund.  I am not nor have been a member of any superannuation fund nor have an interest in Deposit Fund or Rollover Annuity other than as disclosed on the reverse of this Application.  I will make a full disclosure in writing of any benefits I have received, may receive or may receive from any other superannuation fund, Approved Deposit Fund or Roll Over Annuity.  I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the December I consent to the Trustee acting as Trustee of the Fund.  In the event of my death, I nominate the following persons as my Nominated Dependents:-(Note - a nomination is not necessary and if made must be reviewed from time to time.)

## APPLICATION FOR MEMBERSHIP

To:	The Trustee, THE AR+ RD MURL	ET SUPERALWA	ra Frib.				
I hereby	apply for admission to membership of the Fund.	6					
l agree as	and undertake as follows:						
(a)	I understand the terms and conditions of the Trust Deed and I acknowledge I have been informed of my nights and the rights of my Dependants pursuant to the Deed.						
(b)	I will be bound by the provisions of the Deed gov	of the Deed governing the Fund.					
(c)	Deposit Fund or Rollover Annuity other man as c	nember of any superannuation fund nor have an interest in any Approved muity other than as disclosed on the reverse of this Application.					
(d)	i a of one her	I will make a 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 or Roll Over Annuity.					
(ē)	I will notify the Trustee if at any time I cease to b	e Gainfully Employed as def	fined in the Deed.				
<b>(</b> f)	I consent to the Trustee acting as Trustee of the F						
(g)	In the event of my death, I nominate the following persons as my Nominated Dependants:- (Note - a nomination is not necessary and if made must be reviewed from time to time.)						
NAME	ADDRESS	RELATIONSHIP	PERCENTAGE OF TOTAL BENEFIT OR FIXED AMOUNT				
Dated the	37 <sup>†4</sup> (day		2010				
Name:	REMEDIOS DOVALE MU	næ					
Address:	361 CANNINO LONS WALLSTON WA 6076						
Signature:	D Dunley	ž	es.				