

NOTICE OF CONSENT TO ACT AS TRUSTEE

1. BILL CASSARINO

hereby consent to act as a Trustee of Bill Cassarino Superannuation Fund.

- (a) I confirm that I have not at any time
- (i) been convicted of an offence against or arising out of a law of the Commonwealth, a State, a Territory, or a foreign county, being an offence in respect of dishonest conduct; or
 - (ii) had a civil penalty order made against me.
- (b) I am not currently an insolvent under administration.

Dated this 22nd day of May 2007.

Signature.....


BILL CASSARINO

APPLICATION FOR MEMBERSHIP

Name of Fund: Bill Cassarino Superannuation Fund

Member's Name: Danielle Cassarino

(Minor's Name if on behalf of minor)

Address:
4 Ivan Street
STRATHMORE VIC 3041

Date of Birth: 27/08/2003

Occupation:

Telephone:

Fax:

Tax File Number.

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:



Dated: 01/9/2021

X

APPLICATION FOR MEMBERSHIP

Name of Fund: Bill Cassarino Superannuation Fund

Member's Name: Mark Cassarino

(Minor's Name if on behalf of minor)

Address:
4 Ivan Street
STRATHMORE VIC 3041

Date of Birth: 13/12/2001

Occupation:

Telephone:

Fax:

Tax File Number.

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:



Dated: 01/9/2021

X

APPLICATION FOR MEMBERSHIP

Name of Fund: Bill Cassarino Superannuation Fund

Member's Name: Bill Cassarino

(Minor's Name if on behalf of minor)

Address:
4 Ivan Street
STRATHMORE VIC 3041

Date of Birth: 13/05/1970

Occupation:

Telephone:

Fax:

Tax File Number.

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: 22/05/2007