## APPLICATION FOR MEMBERSHIP

OF

# THE SEAWEED 2 SUPERANNUATION FUND

Sex:

I have been advised of the benefits which I am entitled to receive from the Fund on retirement,

In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the Trust Deed governing the Fund and I declare that I am not entitled to a deferred annuity and I am not a member of any other superannuation fund or approved deposit fund nor

I hereby apply to become a member of the abovementioned Fund.

have I received benefits from any such fund, other than the following:-

APPLICABLE

(Full details to be provided to Trustee)

death, disablement or termination of service with my Employer.

Female

Katherine Anne Ullyett

Mandurah WA 6210

25 Carrick Cross

NOT

30/05/1971

Full Name:

Address:

Date of Birth:

	on by myself and my empl nd.	oyer as contributions to be ma	
	172 199135 per for the purposes of admin	and I hereby authori istering the Fund and the paymen	
NOMINATION OF In the event of my opproportions stated be	death it is my wish that my b	enefits shall be paid to the follow	ving persons in the
Single managers	Name and Address	Relationship to Member	Proportion of benefit
DAVID GEOFFRE	1 WLYETT	SPOUSE	100 %
MANDUR	C CROSS AH WA 6210		%
			%
			%
			%
			%
Dated this  Signature of App	30 <sup>th</sup> day of	JANUARY. 21	11 Boag,

#### BINDING BENEFICIARY NOMINATION:

The above nomination to be a binding beneficiary nomination binding the trustee to pay the benefits as prescribed above ..... NO

- Delete which is not applicable. If Yes Proceed to Execution Box A. The applicant and witnesses should also sign at the foot of each page.
- If No, Proceed to Execution Box B.
- If no election made, the default response shall be NO.
- Please read the following table carefully concerning the type of nomination.

#### **Binding Beneficiary Nomination** Non-Binding Beneficiary Nomination A valid properly executed binding beneficiary The Trustee may take into account your wishes but is nomination is binding on the Trustee provided it is not be bound by your nomination. no more than three years since the date of signing of such nomination or such lesser period as prescribed in superannuation trust deed and rules. Please note that the trust deed and rules for the fund provide that a binding beneficiary nomination expires prior to three years in the event a Member divorces a beneficiary who was a nominated spouse under the binding beneficiary nomination form (ie. upon the decree nisi for such marriage being made). Advantages:--Advantages:-Certainty for estate planning purposes. Trustee(s) may exercise discretion at the Nomination may be varied through the relevant time for payment of the benefits which is tax effective. A person who was previously a provision of a new form of binding dependant may no longer be a dependant and beneficiary nomination to the Trustee(s) executed in accordance with the so the benefits may be taxed at the highest requirements of the Superannuation rates. Industry (Supervision) Act legislation. Disadvantages:--Disadvantages:--Costly taxation consequences where a No certainty for payment of benefits in person who was a dependant at the time conformity with wishes of the Member of the binding beneficiary nomination is no because the Trustee(s) has/have a discretion longer a dependant when the nomination for the application of the benefits. takes effect.

A PERSON SHOULD OBTAIN PROFESSIONAL ADVICE CONCERNING THE NOMINATION OF BENEFICIARIES INCLUDING THE TYPE OF BENEFICIARY NOMINATION FORM TO BE PROVIDED.

Vitnes

Signature of Applicant

y M USoa Witness 2

EXECUTION BOX A - FOR BINDING BENEFICIARY NOMINATION
Lagran to the above terms and acknowledgments as detailed above. Furthermore I provide the outhorities
I agree to the above terms and acknowledgments as detailed above. Furthermore I provide the authorities as detailed above.
Dated this day of 2004.
ady of 2004.
Signed by the Applicant/ Member in the sight and presence )
of the following two adult witnesses who are not
nominated persons referred to above.  Applicant/Member
Witness 1: (Please Print Name) Witness (Signature)
Address of Witness
A Residence of the first of the region of th
Witness 2: (Please Print Name) Witness (Signature)
"Specificages as people from any such lund, other data for some
Address of Witness
hand like in only moral entropier to deniet hon my chery back a hatela plan you continue to
EXECUTION BOX B - FOR NON-BINDING BENEFICIARY NOMINATION
I agree to the above terms and acknowledgments as detailed above. Furthermore I provide the authorities as detailed above.
ZCT. TANKARY
Dated this 301. day of JANUARY. 2004.
Signed by the Applicant/ Member in the presence of:
Applicant/Member
1 Ch.
PRRY TOUAG
Witness : (Please Print Name) Witness (Signature)
16 Linder As I mount as
Address of Witness / /

Signature of Applicant

Witness 1

JM Boag Witness 2

# APPLICATION FOR MEMBERSHIP

OF

# THE SEAWEED 2 SUPERANNUATION FUND

Sex:

Male

David Geoffrey Ullyett

Mandurah WA 6210

25 Carrick Cross

3/08/1956

Full Name:

Address:

Date of Birth:

		ember of the abovem	nentioned Fund. itled to receive from the Fu	and on retirement
death, dis	ablement or terminat	tion of service with m	ny Employer.	
			nereby agree to abide by a d I declare that I am not en	
annuity ar	nd I am not a member eived benefits from a	er of any other supera any such fund, <i>other</i>	annuation fund or approve than the following:-	d deposit fund nor
M	COURCE 11/	CAD SUPER	& NEWSION MAI	VAGAR
	(Fu	ıll details to be provided to	Frustee)	
	upon by myself and Fund.		salary such amounts (if any contributions to be made	
My tax file number use this tax file nu	is 567 333 mber for the purpose	s 323, es of administering th	and I hereby authorise ne Fund and the payment	e my Trustee(s) to of my benefits.
			hall be paid to the followi	ng persons in the
	Name and Addre		Relationship to Member	Proportion of benefit
KATHERINE				
LATHERINE 25 CARRIO	Name and Addre ANNE ULL/E CK CROSS UPAH WA			
KATHERINE 25 CARRIO MANO!				
LATHERINE 25 CARRIO				
LATHERINE 25 CARRIO MANDI				
KATHERINE 25 CARLI MANO!				benefit
a Person sivo	ANNE UNLYER CROSS	ETT 6210	Member S Pouse	benefit
a Person sivo		ETT 6210		benefit
Dated this	ANNE UNLYER CROSS	day of 3 A	Member S Pouse	benefit
a Person sivo	ANNE UNLYER CROSS	ETT 6210	Member  SPOUSE  DANUARY 200  J.M.	benefit

#### BINDING BENEFICIARY NOMINATION:

The above nomination to be a binding beneficiary nomination binding the trustee to pay the benefits as prescribed above ..... \*\*\* / NO

- Delete which is not applicable. If Yes Proceed to Execution Box A. The applicant and witnesses should also sign at the foot of each page.
- If No, Proceed to Execution Box B.
- If no election made, the default response shall be NO.
- Please read the following table carefully concerning the type of nomination.

### **Binding Beneficiary Nomination**

A valid properly executed binding beneficiary nomination is binding on the Trustee provided it is no more than three years since the date of signing of such nomination or such lesser period as prescribed in superannuation trust deed and rules. Please note that the trust deed and rules for the fund provide that a binding beneficiary nomination expires prior to three years in the event a Member divorces a beneficiary who was a nominated spouse under the binding beneficiary nomination form (ie. upon the decree nisi for such marriage being made).

# Non-Binding Beneficiary Nomination

The Trustee may take into account your wishes but is not be bound by your nomination.

### Advantages:-

- Certainty for estate planning purposes.
- Nomination may be varied through the provision of a new form of binding beneficiary nomination to the Trustee(s) executed in accordance with the requirements of the Superannuation Industry (Supervision) Act legislation.

#### Advantages:--

 Trustee(s) may exercise discretion at the relevant time for payment of the benefits which is tax effective. A person who was previously a dependant may no longer be a dependant and so the benefits may be taxed at the highest rates.

#### Disadvantages:-

 Costly taxation consequences where a person who was a dependant at the time of the binding beneficiary nomination is no longer a dependant when the nomination takes effect.

### Disadvantages:--

No certainty for payment of benefits in conformity with wishes of the Member because the Trustee(s) has/have a discretion for the application of the benefits.

A PERSON SHOULD OBTAIN PROFESSIONAL ADVICE CONCERNING THE NOMINATION OF BENEFICIARIES INCLUDING THE TYPE OF BENEFICIARY NOMINATION FORM TO BE PROVIDED.

Signature of Applicant

Witness 1

Witness 2

EXECUTION BOX A - FOR BINDING BENEFICIARY NOMINATION
I agree to the above terms and acknowledgments as detailed above. Furthermore I provide the authorities as detailed above.
Dated this day of 2004.
Signed by the Applicant/ Member in the sight and presence ) of the following two adult witnesses who are not ) nominated persons referred to above.  Applicant/Member
Witness 1: (Please Print Name) Witness (Signature)
Address of Witness
Witness 2: (Please Print Name) Witness (Signature)
Address of Witness
EXECUTION BOX B - FOR NON-BINDING BENEFICIARY NOMINATION
I agree to the above terms and acknowledgments as detailed above. Furthermore I provide the authoritie as detailed above.
Dated this 3Ch day of JANUARY. 2004.
Signed by the Applicant/ Member in the presence of:  Applicant/Member
14RRY DOAG
Witness: (Please Print Name) Witness (Signature)
Address of Witness

Signature of Applicant Witness

JMBoag.
Witness 2