

Application for membership

Alleycat Superannuation Fund

I, **Brooke Rebecca Elizabeth Hepburn-Rogers** of **1705/128 Charlotte Street , Brisbane QLD 4000** am the director of **Alleycat Superannuation Pty Ltd ACN 153512791** ('the trustee') the trustee for the Fund. I hereby apply for membership of **Alleycat Superannuation Fund** and consent to becoming a Member of it. I confirm that I am not aware of any impediments to this application and acknowledge that I have read the Product Disclosure Statement including any other information provided to me.

I agree that upon acceptance of my membership to:

1. be bound by the terms of the Deed and the Rules of the Fund;
2. be bound by all decisions of the Trustee that were made in accordance with the Rules of the Fund, the superannuation laws and the trustee laws;
3. provide information to the Trustee where required, e.g. medical conditions;
4. provide my Tax File Number to the Trustee provided the Trustee abides by the laws relating to the collection and dissemination of my Tax File Number;
5. consent to the Trustee to hold that information despite anything to the contrary in the privacy legislation;
6. provide the Trustee, within a reasonable period of time a detailed death benefit plan that may include a Binding Death Benefit Nomination;
7. ensure that any Superannuation contributions, transfers or rollovers are made in accordance with the superannuation laws at that time;
8. notify the Trustee where I have become disabled, retired, attained preservation age or met some other condition of release; and
9. notify the Trustee where I have become separated from my Spouse that is deemed irreconcilable, if I have one.

Date of Birth:

17/12/1980

Tax File Number:

370530816

Executed by:



.....
Brooke Rebecca Elizabeth Hepburn-Rogers

30/09/2011
Date

Binding death benefit nomination

Alleycat Superannuation Fund

I, **Brooke Rebecca Elizabeth Hepburn-Rogers** of **1705/128 Charlotte Street**,
Brisbane, QLD 4000 as a Member of the Fund, hereby notify the Trustee of whom to pay my
benefits in the Fund to, on or after my death:

Name	Relationship	% of benefit
<i>Legal Personal Representative</i>	<i>Estate</i>	<i>100%</i>
Total		100%

I understand that:

- I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;
- unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the Member has stipulated otherwise;
- this Nomination is deemed invalid if completed incorrectly; and
- I have nominated persons who are "dependants" as outlined in the Fund's death benefit policy and if otherwise as not "dependants", the Trustee will assume discretion for any Benefits payable.


I acknowledge that I have received information from the Trustee that explains my rights to direct the Trustee to pay my death Benefit in accordance with this Nomination.


.....
Brooke Rebecca Elizabeth Hepburn-Rogers


30, 09, 2011
.....
Date

Witness Declaration

We declare that we are aged 18 years or more, not listed as beneficiaries above and this Nomination was signed by the Member in our presence.


.....
Signature of Witness 1

30, 9, 2011
.....
Date


.....
Signature of Witness 2

30, 09, 2011
.....
Date