

## MEMBERSHIP APPLICATION FORM

Graham John Cornwill and Karen Lesley Cornwill  
as trustees for  
The Cornwill Family Superannuation Fund  
(Trustees)

To the Trustees

I, **Graham John Cornwill**, of 16 Baldwin Street, Emerald, QLD 4720, apply to the Trustees to become a member of The Cornwill Family Superannuation Fund (**Fund**) and agree that, should I be accepted as a member by the Trustees, I will be bound by the trust deed establishing the Fund (**Trust Deed**) and any subsequent amendments to the Trust Deed and that I will make any and all full disclosures in writing of information required by the Trustees.

I acknowledge that:

- if I am an employee of any other member, I am also a relative of the other member(s); and
- I am not disqualified under the Superannuation Industry (Supervision) Act 1993 from holding the office of a Trustee or as a director of the Trustee.

I understand that it is not compulsory to provide the Trustees with my tax file number (**TFN**), but if I do not provide my TFN, concessional contributions will be taxed at the highest marginal tax rate plus the Medicare levy and the Fund will not be able to accept non-concessional contributions. In doing so, I acknowledge that the Trustees may use my TFN for lawful purposes, including disclosing my TFN to another superannuation fund where I request that my benefits in the Fund are transferred to that other superannuation fund.

If my TFN is quoted below, I have considered the above and decided to provide my TFN to the Trustee(s) on my Membership Application Form: TFN 329 600 133.

I nominate my legal personal representative to receive any death benefits payable in the event of my death.

- or -

I nominate the following persons to be my nominated superannuation dependants:

Surname	Given names	Relationship	% of total benefits
CORNWILL	KAREN LESLEY	WIFE	100%

I acknowledge that the above nomination is not binding on the Trustee, and that if I so wish, I may prepare and provide to the Trustee a binding death benefit nomination.

I acknowledge that I have received a Product Disclosure Statement for the Fund, which details the nature of the Fund and the rights, benefits and risks that attach to my membership of the Fund.

I declare that the information I will provide to the Trustees and the contents of this application are true and correct.

Dated: 22, 6, 2012



Graham John Cornwill

# MEMBERSHIP APPLICATION FORM

**Graham John Cornwill and Karen Lesley Cornwill**  
**as trustees for**  
**The Cornwill Family Superannuation Fund**  
**(Trustees)**

To the Trustees

I, **Karen Lesley Cornwill**, of 16 Baldwin Street, Emerald, QLD 4720, apply to the Trustees to become a member of The Cornwill Family Superannuation Fund (**Fund**) and agree that, should I be accepted as a member by the Trustees, I will be bound by the trust deed establishing the Fund (**Trust Deed**) and any subsequent amendments to the Trust Deed and that I will make any and all full disclosures in writing of information required by the Trustees.

I acknowledge that:

- if I am an employee of any other member, I am also a relative of the other member(s); and
- I am not disqualified under the Superannuation Industry (Supervision) Act 1993 from holding the office of a Trustee or as a director of the Trustee.

I understand that it is not compulsory to provide the Trustees with my tax file number (**TFN**), but if I do not provide my TFN, concessional contributions will be taxed at the highest marginal tax rate plus the Medicare levy and the Fund will not be able to accept non-concessional contributions. In doing so, I acknowledge that the Trustees may use my TFN for lawful purposes, including disclosing my TFN to another superannuation fund where I request that my benefits in the Fund are transferred to that other superannuation fund.

If my TFN is quoted below, I have considered the above and decided to provide my TFN to the Trustee(s) on my Membership Application Form: TFN 335 415 063

I nominate my legal personal representative to receive any death benefits payable in the event of my death.

- or -

I nominate the following persons to be my nominated superannuation dependants:

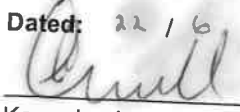
Surname	Given names	Relationship	% of total benefits
CORNWILL	GRAHAM JOHN	HUSBAND	100%

I acknowledge that the above nomination is not binding on the Trustee, and that if I so wish, I may prepare and provide to the Trustee a binding death benefit nomination.

I acknowledge that I have received a Product Disclosure Statement for the Fund, which details the nature of the Fund and the rights, benefits and risks that attach to my membership of the Fund.

I declare that the information I will provide to the Trustees and the contents of this application are true and correct.

Dated: 22 / 6 / 2012

  
 Karen Lesley Cornwill