

**HI LITE ELECTRICAL SUPERANNUATION FUND**

**INITIAL MEMBERS – MEMBERSHIP DETAILS**

**CONFIDENTIAL**

TO: THE TRUSTEES OF THE FUND

**AGREEMENT AND UNDERTAKING**

I, the undersigned person, being eligible for membership, hereby apply for admission to membership of the Fund. I agree and undertake that:

- a. if I am an employee of any other Member, I am also a Relative of the other Member(s);
- b. I am not disqualified under the relevant law from holding the office of a Trustee or as a Director of the Trustee;
- c. I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time;
- d. I will, on request, make full disclosure in writing of any information required by the Trustee in respect of my medical condition or my membership of the Fund including any circumstance which may have the effect that:
  - i. I may become an employee of any other Member or Members where I will not also be a Relative of the other Member(s); or
  - ii. I may become disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;
- e. I understand the terms and conditions of the Trust Deed including my obligations as a Trustee and I agree to sign and deliver to the Australian Taxation Office such form or declaration in connection with my accepting the office of a Trustee or as a Director of the Trustee as may be required under the Relevant Law within such period as the Relevant Law requires;
- f. I understand the terms and conditions of Division B of the Deed concerning Benefits payable;
- g. Understand that I am not legally obliged to provide my tax File Number (TFN) to the Trustee 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.
- h. My TFN is 487 491 562
- i. I agree to act as a Trustee for the Fund or to act as a Director of the trustee.

<b>Name:</b>	Christopher Brian Lloyd
<b>Address:</b>	29 Walter Raleigh Crescent Hollywell QLD 4216
<b>Date of Birth:</b>	04.07.1948

  
Signature of Member

7, 1, 1987  
Date (Please ensure that you date this part of the form)

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**CONFIDENTIAL**

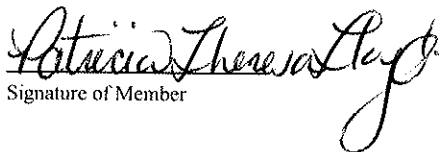
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- h. My TFN is 131 101 514
- i. I agree to act as a Trustee for the Fund or to act as a Director of the trustee.

<b>Name:</b>	Patricia Theresa Lloyd
<b>Address:</b>	29 Walter Raleigh Crescent Hollywell QLD 4216
<b>Date of Birth:</b>	08.12.1952

  
Signature of Member

7, 1, 1987  
Date (Please ensure that you date this part of the form)