APPLICATION FOR MEMBERSHIP

10:	The Trustee, THE	+UVLLEY	SUPERIA WATE	~ 1023.
I hereb	by apply for admission to member	ship of the Fu	nđ.	
I agree	and undertake as follows:			
(a)	I understand the terms and c rights and the rights of my D	onditions of the	ne Trust Deed and I acknow suant to the Deed.	ledge I have been informed of my
(b)	I will be bound by the provisi	ions of the Des	ed governing the Fund.	
(c)	I am not nor have been a m Deposit Fund or Rollover An	ember of any auity other tha	superannuation fund nor h n as disclosed on the reverse	ave an interest in any Approved of this Application.
(d)	I will make a full disclosure in receive from any other supera	nuation fund,	y benefits I have received, i Approved Deposit Fund or	nay receive or may be entitled to Roll Over Annuity.
(e)	I will notify the Trustee if at a	1y time I cease	to be Gainfully Employed	as defined in the Deed.
(f)	I consent to the Trustee acting	as Trustee of t	he Fund.	
(g)	In the event of my death, I non (Note - a nomination is not nec	inate the follo	wing persons as my Nomin nade must be reviewed from	ated Dependants:- time to time.)
NAME	ADDRESS		RELATIONSHIP	PERCENTAGE OF TOTAL BENEFIT OR FIXED AMOUNT
Lucy	KATHLEEN HUR	LEY.		
7 0	RATHLEON HUR			
Maito	UMY CREEK WA	6072		
Dated the	11 514	d	ay of June	208
Name:	ANTHONY JAME	S HURLE	ΞΥ	
Address:	7 ORAY Court			
	MAHOUANT CREE	ex WA	6072	
Signature:	/ Didnyley	ſ		

APPLICATION FOR MEMBERSHIP

I here	by apply for admission to membership	of the Fund.			
I agree	e and undertake as follows:				
(a)	I understand the terms and conditions of the Trust Deed and I acknowledge I have been informed of rights and the rights of my Dependants pursuant to the Deed.				
(b)	I will be bound by the provisions of	sions of the Deed governing the Fund.			
(c)	I am not nor have been a member Deposit Fund or Rollover Annuity	a member of any superannuation fund nor have an interest in any Approve Annuity other than as disclosed on the reverse of this Application.			
(d)	I will make a full disclosure in writ receive from any other superannuat	a full disclosure in writing of any benefits I have received, may receive or may be entitled t n any other superannuation fund, Approved Deposit Fund or Roll Over Annuity.			
(ē)	I will notify the Trustee if at any tin	any time I cease to be Gainfully Employed as defined in the Deed.			
(f)	I consent to the Trustee acting as Tr	Trustee of the Fund.			
(g)	In the event of my death, I nominate the following persons as my Nominated Dependants:- (Note - a nomination is not necessary and if made must be reviewed from time to time.)				
NAME	ADDRESS	RELATIONSHIP	TOTAL BENEFIT		
AUTH 7 CV	ADDRESS FOURT BOURT BOUANT CREEK WA.		TOTAL BENEFIT		
AUTH 7 CV MAH	DOWN JAMES HURLEY. MAY COURT BUANT CHEEK WA.	607) day of June	TOTAL BENEFII OR FIXED AMOUNT		
AUTH 7 CV MAH	LUCY KANTUREN 1	607) day of June	TOTAL BENEFII OR FIXED AMOUNT		
AUTH TOM	LUCH KATHLEEN 1	day of June	PERCENTAGE OF TOTAL BENEFIT OR FIXED AMOUNT		
AUTH TOM MAH ted the	LUCY KANTUREN 1	day of June	TOTAL BENEFII OR FIXED AMOUNT		
ted the	LUCH KATHLEEN 1	day of June turner.	TOTAL BENEFII OR FIXED AMOUNT		