

Application for Membership

Confidential

The Maudy Family Superannuation Fund

To: The Trustee

I, the undersigned person, being eligible for admission to membership of the Fund, agree and undertake as follows:-

1. I will be bound by the Trust Deed governing the Fund as it is or may be by variation from time to time.
2. I will make a full disclosure in writing of any benefits I may receive from any superannuation fund, Approved Deposit Fund or transfer amount from any other superannuation fund or Eligible Annuity.
3. I understand the terms and conditions of the Deed and more particularly the terms and conditions of the Deed concerning benefits payable and I acknowledge I have been informed of my rights and the rights of my Dependants pursuant to the Deed.
4. I consent to the Trustee acting as Trustee.
5. I have received new member information.

I declare that the rights held by me and the amounts received by me from any other superannuation fund, Approved Deposit Fund or Eligible Annuity are set out in the Attachment.

Date: 29/07/12

Signature: *Pamela Maudy*

Name:	Pamela Maudy
Address:	73/163 Sydney Street, Newfarm Qld 4005
Occupation:	
Date of Birth:	14 June 1992
Date of Membership:	11 May 2012
Membership Category:	
Date Employed:	
Tax File Number:	866 175 173
Nomination of Beneficiary	