


THE HILLMAN SUPERANNUATION FUND

APPLICATION FOR MEMBERSHIP
CONFIDENTIAL

1. I hereby apply for admission to membership of the Fund.
2. I state I am eligible to be admitted as a member of the Fund and (if the Fund is a self managed fund) appointed a Trustee (or a director of a corporate Trustee).
3. I agree as follows:
 - (1) I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
 - (2) I understand the terms and conditions of the Trust Deed, including the benefits payable, my rights and the rights of my Dependants.
 - (3) I consent to the Trustee acting as Trustee of the Fund.
 - (4) I agree and consent (if the Fund is a self managed fund) to be appointed a Trustee or a director of the corporate Trustee and declare I am eligible to be so appointed pursuant to law.
 - (5) I agree to give to the Trustee my details (including my Tax File Number), or obtain them from my Employer.
 - (6) I agree to give any other information the Trustee may require for the purposes of the Fund.

Dated the _____ day of _____ 2010

Name: Geoffrey Kent Hillman
 Address: 546 Dwarda East Road, Dwarda Signature: 
 Occupation: Farm Manager
 Date of Birth: 30/09/1973 Date: 29-11-10

NOMINATED DEPENDANT(S)

I nominate the following persons as my Nominated Dependants (and acknowledge this is not a binding nomination):

NAME	RELATIONSHIP	% OF TOTAL BENEFIT
JANE HILLMAN	WIFE	100

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Dated the _____ day of _____ 2010

Name: Jane Elizabeth Hillman
Address: 546 Dwarda East Road, Dwarda Signature: *Jane Hillman*
Occupation: Office Administrator
Date of Birth: 20/05/1971 Date: *29/11/2010*

NOMINATED DEPENDANT(S)

I nominate the following persons as my Nominated Dependants (and acknowledge this is not a binding nomination):

NAME	RELATIONSHIP	% OF TOTAL BENEFIT
GEOFFREY HILLMAN	HUSBAND	100