

Sedgies Retirement Fund

MEMBERSHIP APPLICATION FORM

To the Trustees of the
Sedgies Retirement Fund

Member Details

Name: Bevan James Sedgman
Address: 14 W.E. Owen Crescent,
Sarina Beach QLD 4737
Date of Birth: 8/04/1957
Occupation:
Date Employment
Commenced:
Salary:
Telephone: 4956 6640 / 0418 576 772
Fax:
*Tax File Number:

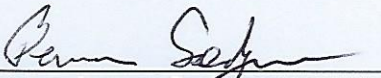
Employer Details

Name of Employer:
Address:

Member's Application, Acknowledgement and Authorisation

1. I hereby apply to become a Member of the Sedgies Retirement Fund.
2. I acknowledge receipt of a current Product Disclosure Statement in respect of the Fund, supplied prior to or with this Application;
3. I understand that my Membership is subject to the Deed and agree to be bound by the terms and conditions in the Deed.
4. I understand my rights and the terms and conditions of the Trust Deed including benefit payable to Members and the rights of dependants.
5. * For the purposes of section 299F of the *Superannuation Industry (Supervision) Act 1993* (Cth), I understand that the Trustee must request that I provide my Tax File Number. I acknowledge that I am under no obligation to supply my Tax File Number but that failure to do so may result in tax being deducted from my account at the top marginal rate.

Dated this 12th day of November, 2014

Signed: 
Bevan James Sedgman

Sedgies Retirement Fund

MEMBERSHIP APPLICATION FORM

To the Trustees of the
Sedgies Retirement Fund

Member Details

Name: Helena Mary Rose Sedgman
Address: 14 W.E. Owen Crescent,
Sarina Beach QLD 4737
Date of Birth: 2/04/1957
Occupation:
Date Employment
Commenced:
Salary:
Telephone: 4956 6640 / 0418 576 772
Fax:
*Tax File Number:

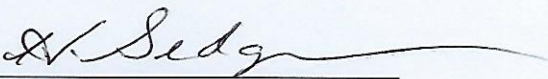
Employer Details

Name of Employer:
Address:

Member's Application, Acknowledgement and Authorisation

1. I hereby apply to become a Member of the Sedgies Retirement Fund.
2. I acknowledge receipt of a current Product Disclosure Statement in respect of the Fund, supplied prior to or with this Application;
3. I understand that my Membership is subject to the Deed and agree to be bound by the terms and conditions in the Deed.
4. I understand my rights and the terms and conditions of the Trust Deed including benefit payable to Members and the rights of dependants.
5. * For the purposes of section 299F of the *Superannuation Industry (Supervision) Act 1993* (Cth), I understand that the Trustee must request that I provide my Tax File Number. I acknowledge that I am under no obligation to supply my Tax File Number but that failure to do so may result in tax being deducted from my account at the top marginal rate.

Dated this 12th day of November, 2014

Signed: 
Helena Mary Rose Sedgman