

APPLICATION FOR MEMBERSHIP
COSTANZO SUPER FUND

TO: The Trustee(s)
COSTANZO SUPER FUND

PART A - APPLICATION

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

1. To be bound by the Trust Deed, including any amendments thereto.
2. I will upon request make full disclosure in writing of any information required by the Trustee in respect of my membership of the Fund including my medical condition.
3. I understand the terms and conditions of the Trust Deed.
4. I have read and understand the prescribed information relating to the collection of Tax File Numbers by the trustees of superannuation funds, and attach a completed ATO Individual Tax File Number Notification form.
5. I understand that as a Member of the Fund that I am required to act as a Individual Trustee of the Fund, or where the Trustee is a Constitutional Corporation ("the corporate trustee company") that I am required to be a Director of that corporate trustee company. I hereby, subject to my acceptance as a Member of the Fund, consent to act as an Individual Trustee or as a Director of the corporate trustee company and state that I am not disqualified from such appointment.
6. I understand my responsibilities and duties as a Trustee of the Fund pursuant to the *Superannuation Industry (Supervision) Act 1993* and related legislation, and, in the instance where I am a Director of the corporate trustee company, my responsibilities and duties pursuant to the *Corporations Act*.

Name: Giuseppe COSTANZO

Address: 16A Rubicon Street
Reservoir, VIC. 3073

Occupation:

Date of Birth: 08/10/1957

Place of Birth:

Signature:

Dated: 17/09/2012



PART B - NOMINATED DEPENDANT(S)

(For the purposes of the definition of "Nominated Dependanted" in Clause 4 and Sub-Clause 33 (1)(b) of the trust deed for the Fund)

I, the undersigned, nominate the undermentioned persons as my Nominated Dependants:

SURNAME(S) GIVEN NAME(S) RELATIONSHIP % OF TOTAL BENEFIT

Signature: 

Dated: 24/9/12

PART C - DEATH BENEFIT NOTICE (to be deleted where such binding notices are not in accordance with the Relevant Law)

(For the purposes of the definition of "Death Benefit Notice" in Clause 4 and sub-clause 33 (1)(b) of the trust deed for the Fund)

I require the Trustee to pay, upon my death, benefits to the person or persons, and in the proportions, specified below:

1. Dependants

SURNAME(S) GIVEN NAME(S) RELATIONSHIP % OF TOTAL BENEFIT

2. Legal Personal Representative NIL/ _____ % OF BENEFIT
(to be distributed in accordance with my Will or relevant Intestacy laws)

Signature: 

Dated: 17/09/2012

Witnesses 

We, the undersigned, declare the Member signed and dated Part C of this form in our presence and that we are over 18 years of age; and we are neither Dependants specified above or the Legal Personal Representative of the Member.

Signature of Witness: 

Dated: 17/09/2012

Signature of Witness: 

Dated: 17/09/2012