

ANUSTART SUPER FUND

APPLICATION FOR MEMBERSHIP

Full Name: Karen Joy Putland
Address: 23 Norman Avenue
Yankalilla SA 5203
Date of Birth: 06/04/1958

I make application to become a member of the Anustart Super Fund ("The Fund")

*I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.

* The Applicant hereby applies to make contributions to the Fund and agrees to be bound by the Deed and Rules governing the Fund.

Pursuant to the authorisations for the collection of Tax File Numbers ("TFN") contained in the taxation laws, the *Superannuation Industry (Supervision) Act 1993* and the *Privacy Act 1988*, I hereby agree to provide my TFN as follows:

My Tax File Number is: _____
and I hereby authorise the trustees to use this tax file number.

NOMINATION OF BENEFICIARIES (Non Binding)

Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I hereby nominate the following persons to receive the benefit payable by the Trustees of the fund in the event of my death:

Name and Address	Relationship to member	Proportion of benefit
		%
		%

Dated this 1st day of July 2015

Signature of Applicant: _____



* Delete this clause if inapplicable