

# Kayegroup Super Fund

ABN 59 741 725 859

27 Carrington Avenue, Strathfield NSW 2135

Telephone: 0402 124 203

Facsimile: 9764 5905

## Application to become a Member

This Application Form contains your Death Benefit Nomination and undertakings which must be made by you. You are also required to acknowledge that you have received and read the Kayegroup Super Fund Product Disclosure Statement (PDS).

### Part I

#### Application and Undertakings

I apply to become an additional member of the Kayegroup Super Fund (herein referred to as the "fund") under the trust deed.

I make each of the following undertakings:

- I am not in an employment relationship with another member who is not a relative of mine.
- I am not a disqualified person under superannuation law from being a director of the trustee of the fund.
- I will comply with the trust deed.
- Upon request, I will fully disclose in writing any information required by the trustee in respect of my membership of the fund. This includes disclosing:
  - Any circumstance which may lead to my entering into an employment relationship with any other member of the fund who is not also a relative of mine.
  - That I may become disqualified under superannuation law from being a director of the trustee of the fund.
  - Any information in relation to my medical condition.
  - I will act as a director of the trustee of the fund.
  - I understand the trust deed, particularly its terms concerning the benefits payable under it, and I have read and understood the attached Product Disclosure Statement.
  - I have read and understand the prescribed information relating to the collection of Tax File Numbers by the trustees of superannuation funds.

(Optional) My ATO individual tax file number is **174 079 360**

**Applicant name** Mrs Rhonda Kaye  
**Applicant address** 27 Carrington Avenue, Strathfield NSW 2135  
**Applicant occupation** Legal Officer  
**Date of birth** 27/12/1969  
**Applicant place of birth** Sydney NSW Australia

**Part 2**

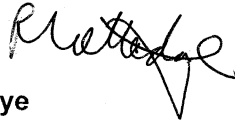
**Death Benefit - Beneficiary Nomination**

This is a direction to the trustee as to how to apportion any benefit payable on your death. It is a non binding death benefit notice and the trustee retains the discretion as to how to apply any benefit payable on your death.

I direct the directors of the trustee that the person[s] named in the following table are to receive the proportions specified in that table of the benefit that is payable if I die.

| <b>Person</b> | <b>Relationship to member</b> | <b>Proportion of death benefit</b> |
|---------------|-------------------------------|------------------------------------|
| Dr. Alex Kaye | Husband                       | 100%                               |

Signed by the applicant:



Name: **Mrs Rhonda Kaye**

Date: **09 November 2007**

Witness:



Name: Mrs Mary Metledge  
10 Strathfield Avenue  
Strathfield NSW 2135

**Part 3**

**Product Disclosure Statement**

I hereby acknowledge that I have received and understood the attached Kayegroup Super Fund Product Disclosure Statement.

Signed by the applicant:



Name: **Mrs Rhonda Kaye**

Date: **09 November 2007**