

**APPLICATION FOR MEMBERSHIP**  
**THE PILLAY SUPERANNUATION FUND**

I, **Kantha Pillay**, being eligible to be a member:

1. apply for admission to membership of the above fund;
2. agree and consent to be bound by the Trust Deed of the Fund; and
3. agree and consent to the Trustees acting as trustee of the Fund.


I acknowledge that I understand the terms and conditions of my membership and have been informed of my rights and the rights of my dependents under the Trust Deed.

**DATED**

01<sup>st</sup> July 2010

**Kantha Pillay**

Name

  
.....  
Signature

19 Griffiths St  
.....

Henley Beach SA 5022  
.....  
Address

Nurse  
.....  
Occupation

27/02/1968  
.....  
Date of Birth