## **APPLICATION FOR MEMBERSHIP**

Name of Fund: BELEV SUPERANNUATION FUND

Member's Name:

AYERS, JAMES PATRICK

(Minor's Name if on behalf of minor)

Address:

65 OSMASTON ROAD CARINE WA 6020

Date of Birth: 08/02/1983

Occupation:

ENCINEER

Telephone:

Fax:

Tax File Number:

630 620 816

Contributing Employer(s):

I hereby apply to become a Member of the abovementioned Fund.

\* I apply as the parent or guardian of and on behalf of the minor referred to above. (Delete if inapplicable)

I understand that my membership is subject to terms and conditions specified in the Governing Rules.

This application is accompanied by a Product Disclosure Statement.

I have received from the Trustee a notice containing information needed for the purpose of understanding the main features of the Fund, its management and financial condition and investment performance. (The Trustee must attach these if the Member is joining at a time other than when the fund is established).

Signed:

flugens.

Dated:

19TH OCTOBEL 2018

## APPLICATION FOR MEMBERSHIP

Name of Fund: BELEV SUPERANNUATION FUND

Member's Name:

AYERS, NATASHA LEA

(Minor's Name if on behalf of minor)

Address:

65 OSMASTON ROAD CARINE WA 6020

Date of Birth: 20/04/1983

Occupation:

Consultant

Telephone:

DUIS 913 379

Fax:

Tax File Number:

361 722 597

Contributing Employer(s):

I hereby apply to become a Member of the abovementioned Fund.

\* I apply as the parent or guardian of and on behalf of the minor referred to above. (Delete if inapplicable)

I understand that my membership is subject to terms and conditions specified in the Governing Rules.

This application is accompanied by a Product Disclosure Statement.

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I have received from the Trustee a notice containing information needed for the purpose of understanding the main features of the Fund, its management and financial condition and investment performance. (The Trustee must attach these if the Member is joining at a time other than when the fund is established).

Signed:

Dated: 13TH OCTOBEX 2018