

Application for Membership

Name of Fund: Val Day Longevity Superannuation Fund

Member's Name: Day, Valerie Ann

(Minor's Name if on behalf of minor)

Address:

12A Coral Way

North Haven SA 5018

Date of Birth: 02/03/1949

Occupation:

Telephone:

Fax:

Tax File Number:

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 Trust Deed governing the Fund.

This application is accompanied by a Product Disclosure Statement.

I nominate and agree to the Trustee named in the Deed acting as Trustee.

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: ^{val}

~~X~~ Valerie Ann Day

Dated:

16th Nov 2009

Application for Membership

Name of Fund: Val Day Longevity Superannuation Fund

Member's Name: Lampe, Gerhard

(Minor's Name if on behalf of minor)

Address:

12A Coral Way

North Haven SA 5018

Date of Birth: 29/12/1952

Occupation:

Telephone:

Fax:

Tax File Number:

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 Trust Deed governing the Fund.

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I nominate and agree to the Trustee named in the Deed acting as Trustee.

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:

Gerhard


Dated: 11/11/2009

Application for Membership

Name of Fund: Val Day Longevity Superannuation Fund

Member's Name: Boxall, Damien Scott

(Minor's Name if on behalf of minor)

Address:

10 Willow Road

Angle Vale SA 5117

Date of Birth: 03/10/1974

Occupation:

Telephone:

Fax:

Tax File Number:

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 Trust Deed governing the Fund.

This application is accompanied by a Product Disclosure Statement.

I nominate and agree to the Trustee named in the Deed acting as Trustee.

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: 15/11/2009