

Trustees & members

Application for membership

CATA Investments

I,
Please print name of applicant

of
Please print address of applicant

am a Trustee of the Fund. I hereby apply for membership of **CATA Investments** and consent to becoming a member of it. I confirm that I am not aware of any impediments to this application and acknowledge that I have read the Product Disclosure Statement including any other information provided to me.

I agree that upon acceptance of my membership to:

1. be bound by the terms of the Deed and the Rules of the Fund;
2. be bound by all decisions of the Trustee(s) that were made in accordance with the Rules of the Fund, the superannuation laws and the trustee laws;
3. provide information to the Trustee where required, e.g. medical conditions;
4. provide my Tax File Number to the Trustee provided the Trustee abides by the laws relating to the collection and dissemination of my Tax File Number;
5. consent to the Trustee to hold that information despite anything to the contrary in the privacy legislation;
6. provide the trustee, within a reasonable period of time a detailed death benefit plan that may include a Binding Death Benefit Nomination;
7. ensure that any Superannuation contributions, transfers or rollovers are made in accordance with the superannuation laws at that time;
8. notify the Trustee where I have become disabled, retired, attained preservation age or met some other condition of release; and
9. notify the Trustee where I have become separated from my Spouse that is deemed irreconcilable, if I have one.

Date of Birth:/...../.....

Tax File Number:

Executed by:

.....
Signature

...../...../.....
Date

.....
Please print name

Notification to Contributing Employer

CATA Investments

The Trustees of **CATA Investments** a Self Managed Superannuation Fund ('the Fund'), hereby notify:

..... ('the Contributing Employer')
Please print name and ACN/ABN (if applicable) of Employer

of
Please print address of Employer

being the contributing employer of:

.....
Please print name of Member

of the following:

1. the Fund is a resident regulated superannuation fund within the meaning of the *Superannuation Industry (Supervision) Act 1993* ('the SIS Act');
2. the Fund is not and has not been subject to a direction under section 63 of the SIS Act, that the Trustee cannot accept any contributions made to the Fund from an Employer;
3. contributions on behalf of:

..... ('the Member')
Please print name of Member

may be made to the Fund by cheque or electronic funds transfer to the Fund's account, the details of which are provided below:

Name of Account:

Financial Institution:

BSB:

Account Number:

4. the Fund will accept contributions made by the Employer as a Contributing Employer for the benefit of its member.

.....
Signed by or on behalf of the Trustee

..... / /
Date

.....
Please print name