

MEMBERSHIP APPLICATION FORM

Apostolov Supercare Pty Ltd
as trustee for
Apostolov Superannuation Fund
(Trustees)

To the Trustees

I, Sasha Apostolov, of 21 Sanoni Avenue, Sandringham NSW 2219, apply to the Trustees to become a member of the Apostolov Superannuation Fund (**Fund**) and agree that, should I be accepted as a member by the Trustees, I will be bound by the trust deed establishing the Fund (**Trust Deed**) and any subsequent amendments to the Trust Deed and that I will make any and all full disclosures in writing of information required by the Trustees.

I acknowledge that:

- if I am an employee of any other member, I am also a relative of the other member(s); and
- I am not disqualified under the Superannuation Industry (Supervision) Act 1993 from holding the office of a Trustee or as a director of the Trustee.

I understand that it is not compulsory to provide the Trustees with my tax file number (**TFN**), but if I do not provide my TFN, concessional contributions will be taxed at the highest marginal tax rate plus the Medicare levy and the Fund will not be able to accept non-concessional contributions. In doing so, I acknowledge that the Trustees may use my TFN for lawful purposes, including disclosing my TFN to another superannuation fund where I request that my benefits in the Fund are transferred to that other superannuation fund.

If my TFN is quoted below, I have considered the above and decided to provide my TFN to the Trustee(s) on my Membership Application Form:

TFN 214 876 543

I nominate my legal personal representative to receive any death benefits payable in the event of my death.

- or -

I nominate the following persons to be my nominated superannuation dependants:

| Surname | Given names | Relationship | % of total benefits |
|---------|-------------|--------------|---------------------|
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I acknowledge that the above nomination is not binding on the Trustee, and that if I so wish, I may prepare and provide to the Trustee a binding death benefit nomination.

I acknowledge that I have received a Product Disclosure Statement for the Fund, which details the nature of the Fund and the rights, benefits and risks that attach to my membership of the Fund.

I declare that the information I will provide to the Trustees and the contents of this application are true and correct.

Dated: 1/7/09



Sasha Apostolov