BRAXINE SUPERANNUATION FUND
(FUND)
APPLICATION FOR MEMBERSHIP
CONFIDENTIAL

TO: THE TRUSTEES OF THE FUND

AGREEMENT AND UNDERTAKING

I, the undersigned person, being eligible for membership, hereby apply for admission to membership of the Fund. I agree and undertake that:

(c)   if I am in an Employment Relationship with any other Member, I am also a Relative of the other Member(s);

(d)   I am not disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;

(e)   I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time;

(f)   I will, on request, make full disclosure in writing of any information required by the Trustee in respect of my medical condition or my membership of the Fund including any circumstance which may have the effect that:

   (i)   I may enter into an Employment Relationship with any other Member or Members where I will not also be a Relative of the other Member(s); or

   (ii)   I may become disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;

(g)   I understand the terms and conditions of the Trust Deed including my obligations as a Trustee and I agree to sign and deliver to the Australian Taxation Office such form or declaration in connection with my accepting the office of a Trustee or as a Director of the Trustee as may be required under the Relevant Law within such period as the Relevant Law requires;

(h)   I understand the terms and conditions of Division B of the Deed concerning Benefits payable;

(i)   I have read and understand the prescribed information relating to the collection of Tax File Numbers by trustees of superannuation funds and attach a completed Australian Taxation Office Individual Tax File Number Notification Form; and

(j)   I agree to act as a Trustee for the Fund or to act as a Director of the trustee.

Name:	MAXINE RONNIE SUSAN GRAY
Address:	15 Ewingar Court, Helensvale QLD 4212
Date of Birth:	27 May 1946

X̱M̱G̱ _____ /M. _____
Signature of Member

^ ___01__ / __07__ / __08__
Date (Please ensure that you date this part of the form)