

**ABR SUPERANNUATION FUND
APPLICATION FOR MEMBERSHIP**

TO: The Trustee, ABR Superannuation Fund

I hereby apply for admission to membership of the above fund.

I agree and undertake as follows:-

1. I will be bound by the Trust Deed governing the Fund.
2. I acknowledge receipt from the Trustee of the Notice to New Members regarding the terms and conditions of the Deed concerning my rights and the rights of my dependants pursuant to the Deed and of the benefits payable under the fund.
3. I consent to the Trustee named above acting as Trustee.
4. I am an eligible person as defined in the Trust Deed governing the fund, being a person who:-
 - * has received income as a consequence of having worked at least 10 hours per week in any period during the two years immediately prior to the date I have joined this fund; or
 - * has retired from paid employment and the benefits amassed in other eligible funds are to be transferred into this fund; or
 - * otherwise meets eligibility criteria expressly or impliedly contained in the Trust Deed.

NAME: Bradley Leighton Ross
ADDRESS: 10 Devonian Road
BELGRAVE SOUTH VIC 3160
DATE OF BIRTH: 1st November, 1983

SIGNED:



BRADLEY LEIGHTON ROSS

DATED: 10/11/06

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 - ★ has retired from paid employment and the benefits amassed in other eligible funds are to be transferred into this fund; or
 - ★ otherwise meets eligibility criteria expressly or impliedly contained in the Trust Deed.

NAME: Amanda Sue Ross

ADDRESS: 10 Deviation Road
Belgrave South

DATE OF BIRTH: 5th May, 1966

SIGNED: _____



DATED: 10/11/06

AMANDA SUE ROSS