

## APPLICATION FOR MEMBERSHIP

TO THE TRUSTEE OF Banthorpe Super Fund  
 FROM: Liam Ryan Banthorpe  
 OF: 13 Coliban Ave  
Mernda Vic 3754

I apply to become a member of the abovementioned superannuation fund on the terms and conditions specified in the Trust Deed from the time being governing the Fund.

I understand that my employer may deduct from my salary such amounts as are required to provide my contributions to the Fund and will pay those amounts to the Trustee of the Fund.

I acknowledge my acceptance of Sclivethorpe Pty Ltd  
ACN 630 034 632

as Trustee(s) of the Fund.

Signature



Date

8 / 5 / 22

(printed name)

### NOMINATED BENEFICIARY<sup>1</sup>

I wish to advise the Trustee of the Fund that my Nominated Beneficiary(ies) under the Fund is/are as follows:

NAME IN FULL (DOB IF UNDER 18)	RELATIONSHIP TO MEMBER	FULL POSTAL ADDRESS	% OF SHARE BENEFIT <sup>2</sup>
<u>Craig Banthorpe</u>	<u>Father</u>	<u>42 Symon Cres Greenborough Vic 3088</u>	<u>50</u>
<u>Samantha Banthorpe</u>	<u>Mother</u>	<u>42 Symon Cres Greenborough Vic 3088</u>	<u>50</u>

I understand that the payment of any Death Benefit by the Fund will be at the absolute discretion of the Trustee and that this nomination is not to be treated as a direction.

Signature



Date

8 / 5 / 22

(printed name)

1 Completion of this section is optional

2 Show percentage of death benefits to be taken by each beneficiary

## APPLICATION FOR MEMBERSHIP

TO THE TRUSTEE OF Banthorpe Super Fund  
 FROM: Emma Paige Banthorpe  
 OF: 42 Symon Crs  
Greenborough Vic 3088

I apply to become a member of the abovementioned superannuation fund on the terms and conditions specified in the Trust Deed from the time being governing the Fund.

I understand that my employer may deduct from my salary such amounts as are required to provide my contributions to the Fund and will pay those amounts to the Trustee of the Fund.

I acknowledge my acceptance of Sclivethorpe Pty Ltd  
ACN 630 034 632

as Trustee(s) of the Fund.

Signature \_\_\_\_\_  
 (printed name)

Date

8 / 5 / 22

### NOMINATED BENEFICIARY<sup>1</sup>

I wish to advise the Trustee of the Fund that my Nominated Beneficiary(ies) under the Fund is/are as follows:

NAME IN FULL (DOB IF UNDER 18)	RELATIONSHIP TO MEMBER	FULL POSTAL ADDRESS	% OF SHARE BENEFIT <sup>2</sup>
<u>Craig Banthorpe</u>	<u>Father</u>	<u>42 Symon Crescent Greenborough VIC 3088</u>	<u>50</u>
<u>Samantha Banthorpe</u>	<u>Mother</u>	<u>42 Symon Crescent Greenborough VIC 3088</u>	<u>50</u>

I understand that the payment of any Death Benefit by the Fund will be at the absolute discretion of the Trustee and that this nomination is not to be treated as a direction.

Signature \_\_\_\_\_  
 (printed name)

Date

8 / 5 / 22

1 Completion of this section is optional

2 Show percentage of death benefits to be taken by each beneficiary