APPLICATION FOR MEMBERSHIP

TO THE TRUSTEE OF Banthonse	Super	Fund
FROM: Liam Ryan Banthorpe		
OF: 13 Coliban Ove		
Merada Voc 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 Schivethorpe Pty Ltd

ACN 630 034 632

as Trustee(s) of the Fund.

Signature	Date	8 / 5 / 22
(printed name)		

NOMINATED BENEFICIARY¹

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

10 2.4	NAME IN FULL (DOB IF UNDER 18)	RELATIONSHIP TO MEMBER	FULL POSTAL ADDRESS	% OF SHARE BENEFIT ²
	Craig Barthorpe	Father	42 Symon Cres Generaler ogh Vic 3088	50
	Samontha Bankhorpe	Mother	42 Symon Cres Greensborough VIC 3088	50

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 / 8 / 27 (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 FROM: Emma Pa OF: 42 Syman Greensbor	Banthorpe	Super Fund		
FROM: Emma Pa	lige Banthorpe			
OF: 42 Symon	י מא ה			
Greensbor	ough Viz 308	38		
I apply to become a mem specified in the Trust Dec	ber of the abovementione	ed superannuation fund on	the terms and	conditions
		ny salary such amounts as a mounts to the Trustee of the		provide
I acknowledge my accep	tance of Sclinet	horpe Pty Ltd		
as Trustee(s) of the Fund	ACN 63	30 034 632		
Signature <i>Co</i>	No.	Date	8 /	5 / 22
(printed name)		-	7	
	3103 (731) 775			
	NOMINATED	BENEFICIARY ¹		
		BENEFICIARY ¹ ominated Beneficiary(ies)	under the Fun	d is/are as
I wish to advise the Trus follows:			under the Fund	d is/are as
			under the Fund % OF S BENE	SHARE
follows: NAME IN FULL	tee of the Fund that my N RELATIONSHIP TO	ominated Beneficiary(ies) FULL POSTAL	% OF S	SHARE
NAME IN FULL (DOB IF UNDER 18)	RELATIONSHIP TO MEMBER	FULL POSTAL ADDRESS 42 Symon Crescon	% OF S BENE	SHARE
NAME IN FULL (DOB IF UNDER 18) Young Banthupe	RELATIONSHIP TO MEMBER FALLER	FULL POSTAL ADDRESS 42 Symon Crescent Greensborough Unc 3046 42 Symon Crescent Greensborough Unc	% of S Bene 50	SHARE
NAME IN FULL (DOB IF UNDER 18) Young Banthurpe Samantha Burthorpe I understand that the pay	RELATIONSHIP TO MEMBER FALLER MOTHER	FULL POSTAL ADDRESS 42 Symbon Crescent Greensborough UNC 3046 42 Symbon Crescent Greensborough UNC 3048 42 Symbon Crescent Greensborough UNC 3048	% of S Bene BO	SHARE FIT ²
NAME IN FULL (DOB IF UNDER 18) Young Banthorpe Sanartha Barthorpe I understand that the pay the Trustee and that this	RELATIONSHIP TO MEMBER FOLLOW MOTHER ment of any Death Benefit nomination is not to be tree	FULL POSTAL ADDRESS 42 Symon Crescent Greensborough UNC 3046 42 Symon Crescent Greensborough UNC 3048 it by the Fund will be at the eated as a direction.	% OF S BENE 50 S D absolute disc	SHARE FIT ² retion of
NAME IN FULL (DOB IF UNDER 18) Young Banthorpe Sanartha Barthorpe I understand that the pay the Trustee and that this	RELATIONSHIP TO MEMBER FALLER MOTHER ment of any Death Benefit	FULL POSTAL ADDRESS 42 Symbon Crescent Greensborough UNC 3046 42 Symbon Crescent Greensborough UNC 3048 42 Symbon Crescent Greensborough UNC 3048	% OF S BENE 50 S D absolute disc	SHARE FIT ²

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