

Murphy Superannuation Fund

**FORM 1**

**Application for Membership**

To the Trustee of the Murphy Superannuation Fund (the "Fund")

<b>FULL NAME</b>	CARMEL MARY MURPHY	<b>TAX FILE No.</b>	✗
<b>ADDRESS</b>	Tallowood, 1239 Bucca Road, Lower Bucca NSW 2450		
<b>OCCUPATION</b>	✗	<b>DATE OF BIRTH</b>	24 March 1936

I apply for admission as a Member of the Fund and, in consideration of my admission as a Member:

1. I consent to being a trustee or director of a corporate trustee unless I am specifically excepted from this requirement under the Applicable Standards (e.g., due to a legal disability such as under 18 years or being of unsound mind). I accept the responsibilities and liabilities of being a trustee or a director of a corporate trustee to a superannuation fund.
2. I agree to abide by and to be bound by the provisions of the trust deed governing the Fund.
3. I acknowledge that the expressions and meanings in this Application are identical to those used in the trust deed.
4. I undertake to provide any relevant information or documentary evidence and agree to submit to health and medical tests as requested from time to time by the Trustee related to my membership of the Fund.
5. I acknowledge receipt of written notice of the existence of the nature of the rights that I will have in the Fund, if I am admitted as a Member. Should I or my dependants become entitled to receive benefits from the Fund then I elect that my preference is for payment of a Lump-Sum Benefit unless I complete the table immediately below signifying a different preference:

Lump-Sum Benefit	Allocated Pension	Flexi-Pension	Complying Pension
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6. I consent to the Trustee acting as Trustee of the Fund.
7. I nominate the following Dependants (eg, spouse or children) to be entitled to any benefit that I may have in the Fund upon my death:

Name	Relationship	% of benefit
✗	✗	✗

8. I will notify the Trustee as soon as I cease to be Gainfully Employed or reach the age of 65 years.
9. I acknowledge that the Trustee can collect my tax file number ("TFN") under the Applicable Standards.
10. I understand that the Trustee will only use the TFN for legal purposes. This includes finding or identifying my superannuation benefits where other information is insufficient, and calculating tax on any eligible termination payment I may be entitled to.
11. I understand that it is not an offence to omit my TFN from this application. But if I do omit to provide it now or later, I may pay more tax on my benefits than I would otherwise have to pay (but which may be later credited to a later assessment of tax) and I may lose benefits which are more difficult to find or to amalgamate with other benefits I am entitled to.
12. I acknowledge that the Trustee may provide any TFN disclosed to the Trustee to the trustee of any other superannuation fund to which my benefits are transferred in the future or to the Australian Taxation Office. However, I understand that my TFN will not be passed on in the event I direct the Trustee in writing not to disclose my TFN and, in any event, my TFN will be treated as confidential in accordance with the *Privacy Act 1988*.
13. I declare that the information I provide to the Trustee will be true and correct.
14. I acknowledge that it is my responsibility to inform the trustee of any changes regarding these matters.

<b>SIGNATURE</b>	<b>DATE</b>
✗ <i>C. Murphy</i>	1 December 1999