

# MEMBERSHIP APPLICATION FORM

DMMD Pty Ltd  
ACN: 644 264 317  
as trustee for  
Macarina Super Fund  
(Trustee)

To the Trustee

I, **Megan Jane MacDonald**, of 10 Carina Circle, Halls Head, WA 6210, apply to the Trustee to become a member of the Macarina Super Fund (**Fund**) and agree that, should I be accepted as a member by the Trustee, I will be bound by the trust deed establishing the Fund (**Trust Deed**) and any subsequent amendments to the Trust Deed and that I will make any and all full disclosures in writing of information required by the Trustee.

I acknowledge that:

- if I am an employee of any other member, I am also a relative of the other member(s); and
- I am not disqualified under the Superannuation Industry (Supervision) Act 1993 from holding the office of a Trustee or as a director of the Trustee.

I understand that it is not compulsory to provide the Trustee with my tax file number (**TFN**), but if I do not provide my TFN, concessional contributions will be taxed at the highest marginal tax rate plus the Medicare levy and the Fund will not be able to accept non-concessional contributions. In doing so, I acknowledge that the Trustee may use my TFN for lawful purposes, including disclosing my TFN to another superannuation fund where I request that my benefits in the Fund are transferred to that other superannuation fund.

If my TFN is quoted below, I have considered the above and decided to provide my TFN to the Trustee(s) on my Membership Application Form: TFN 351 320 699

I nominate my legal personal representative to receive any death benefits payable in the event of my death.

- or -

I nominate the following persons to be my nominated superannuation dependants:

Surname	Given names	Relationship	% of total benefits
MACDONALD	DAVID MICHAEL	SPOUSE	100

I acknowledge that the above nomination is not binding on the Trustee, and that if I so wish, I may prepare and provide to the Trustee a binding death benefit nomination.

I acknowledge that I have received a Product Disclosure Statement for the Fund, which details the nature of the Fund and the rights, benefits and risks that attach to my membership of the Fund.

I declare that the information I will provide to the Trustee and the contents of this application are true and correct.

Dated: 12/09/2020

  
Megan Jane MacDonald

# MEMBERSHIP APPLICATION FORM

DMMD Pty Ltd  
ACN: 644 264 317  
as trustee for  
Macarina Super Fund  
(Trustee)

To the Trustee

I, **David Michael MacDonald**, of 10 Carina Circle, Halls Head, WA 6210, apply to the Trustee to become a member of the Macarina Super Fund (Fund) and agree that, should I be accepted as a member by the Trustee, I will be bound by the trust deed establishing the Fund (Trust Deed) and any subsequent amendments to the Trust Deed and that I will make any and all full disclosures in writing of information required by the Trustee.

I acknowledge that:

- if I am an employee of any other member, I am also a relative of the other member(s); and
- I am not disqualified under the Superannuation Industry (Supervision) Act 1993 from holding the office of a Trustee or as a director of the Trustee.

I understand that it is not compulsory to provide the Trustee with my tax file number (TFN), but if I do not provide my TFN, concessional contributions will be taxed at the highest marginal tax rate plus the Medicare levy and the Fund will not be able to accept non-concessional contributions. In doing so, I acknowledge that the Trustee may use my TFN for lawful purposes, including disclosing my TFN to another superannuation fund where I request that my benefits in the Fund are transferred to that other superannuation fund.

If my TFN is quoted below, I have considered the above and decided to provide my TFN to the Trustee(s) on my Membership Application Form: TFN 206 926 305.

I nominate my legal personal representative to receive any death benefits payable in the event of my death.

- or -

I nominate the following persons to be my nominated superannuation dependants:

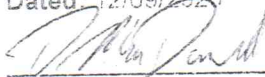
Surname	Given names	Relationship	% of total benefits
MACDONALD	MEGAN JANE	SPOUSE	00

I acknowledge that the above nomination is not binding on the Trustee and that if I so wish, I may prepare and provide to the Trustee a binding death benefit nomination.

I acknowledge that I have received a Product Disclosure Statement for the Fund, which details the nature of the Fund and the rights, benefits and risks that attach to my membership of the Fund.

I declare that the information I will provide to the Trustee and the contents of this application are true and correct.

Dated: 12/09/2020



David Michael MacDonald