

APPLICATION FOR MEMBERSHIP

OF

TO INFINITY AND BEYOND SUPERANNUATION FUND

Full Name: MICHELLE LOUISE REID

Address: 12 TOURER COURT
MAYLANDS WA

Date of Birth: 18/9/1965 Sex: FEMALE

I hereby apply to become a member of the abovementioned Fund.

I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death or termination of service with my Employer.

In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the abovementioned Trust Deed and I declare that I am not entitled to a deferred annuity and I am not a member of any other superannuation fund or approved deposit fund nor have I received benefits from any such fund, other than the following:-

*I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.

My Tax File Number is: 629907302
and I hereby authorise the trustees to use this tax file number.

NOMINATION OF BENEFICIARIES

Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I hereby nominate the following persons to receive the benefit payable by the Trustees of the fund in the event of my death:

Name and Address	Relationship to member	Proportion of benefit
.....%
.....%

Dated this 5 day of July 2021

Signature of Applicant: [Signature]

Witness: [Signature]

* Delete this clause if applicable