

# SHADOW SUPERANNUATION FUND

## Application for membership

With indicative death benefit nomination  
No binding Death benefit nomination

(This Application Form must be inserted after the Product Disclosure Statement)

[N.B.: Choices in [brackets] must be struck out if not relevant].

I hereby apply for membership of this fund as an [Initial/additional] member of this fund under the trust deed. I hereby make the following declarations as listed below:

- I have read and understood the trust deed, including all the terms relating to withdrawal of benefits payable in the deed, and the preceding Product Disclosure Statement (PDS).
- I have read the requirements of supplying my tax file number in the PDS. I hereby supply my tax file number to the trustee of this superannuation fund.
- I have read and understood the trust deed and Product Disclosure Statement and understand my role & responsibility as member and [trustee][director of Trustee Company] of the fund.
- I am not in an employment relationship with [any other member/any other member except a relative of myself].
- I am not disqualified person, under superannuation law, from being [trustee] [Director of the trustee company] of the fund.
- I will, as member, abide by and comply with all requirements of the trust deed.
- I will fully and truthfully disclose any information relating to my membership of the fund that is required by the trustee, disclosing such information in writing as soon as is practicable upon such a request being made by the trustee, including:
  - If I have entered into an employment relationship with any other member of the fund who is not also a relative of myself, then any information about the circumstances leading to such a relationship
  - Any information about any circumstance (if any) that may disqualify me under Superannuation law from being [trustee/director of the trustee] of the fund.
  - Any information that relates to my medical condition, whether or not I have any medical problems.
- I will also act as a [trustee] [director of the trustee company] of this fund.

### Member details

Name	KAMALPREET KAUR CHADHA
Address	17 ST GEORGES RD, NARRE WARREN SOUTH, VIC - 3805 India
Place of Birth	HOSHIARPUR - India
Date of birth	10/02/1976
Tax File Number	344385725

  
KAMALPREET KAUR CHADHA

Dated.....18/11/2011.....

# SHADOW SUPERANNUATION FUND

## Nomination of dependants

With indicative death benefit nomination  
No binding Death benefit nomination

*(This Application Form must be inserted after the Product Disclosure Statement)*

*[N.B.: Choices in [brackets] must be struck out if not relevant].*

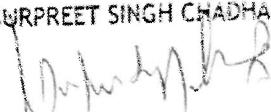
### Important information for completion

*[This constitutes a direction to the trustee of the fund as to the manner of apportionment of any benefit from the fund that is payable upon your death; which direction is a non-binding death benefit notice in spite of the existence of which the trustee shall retain its discretion as to how to apply any benefit that is so payable upon your death.]*

1. This nomination notice is not binding. The trustee/s will take it into account in the event that a benefit is paid from the fund on your death. However, the trustee/s has complete discretion as to which of your dependants and/or legal personal representative may receive the benefit and in what proportions. If there are no dependants or legal personal representative, the benefit may be payable to any other person.
2. This nomination notice must be fully completed in accordance with the details below
  - the beneficiaries named in this notice must be dependants and/or your legal personal representative.
  - Your dependants are your spouse, de facto spouse and your children (including step, adopted and ex-nuptial children), and any other person financially dependent upon you at the time of your death.
  - Your legal personal representative is either the person named as your executor in your will, or, if you do not have a valid will at the date of your death, the person who, as your next of kin, applies for and has been granted letters of administration for your estate. Should you wish to nominate your legal personal representative, please write "legal personal representative" as the name of the beneficiary.
  - for each person nominated, you must provide both their relationships to you and the proportion of any benefit that is to be paid to each.

### Nomination of beneficiaries / dependants

Name	Relationship to you	Proportion of benefit(%)
GURPREET SINGH CHADHA	Husband	100



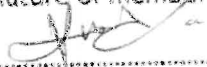
Allocation 100%

## Member declaration

I, KAMALPREET KAUR CHADHA of 17 ST GEORGES RD, NARRE WARREN SOUTH, VIC - 3805 India hereby direct [the trustee(s)/the directors of the trustee(s)] that the [person/persons] named in the above table [are/is] to receive the proportions specified therein of any benefit that is payable upon my death from SHADOW SUPERANNUATION FUND

I understand that

- in the event of my death, the trustees have complete discretion as to which of my dependants and/or estate will receive any death benefit payable.
- this notice revokes and amends any previous notice supplied to the trustee/s of the fund in regard to my nominated beneficiaries.

Signature of member 	Date 18 11 2011
KAMALPREET KAUR CHADHA	

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- I have read the requirements of supplying my tax file number in the PDS. I hereby supply my tax file number to the trustee of this superannuation fund.
- I have read and understood the trust deed and Product Disclosure Statement and understand my role & responsibility as member and [trustee][director of Trustee Company] of the fund.
- I am not in an employment relationship with [any other member/any other member except a relative of myself].
- I am not disqualified person, under superannuation law, from being [trustee] [Director of the trustee company] of the fund.
- I will, as member, abide by and comply with all requirements of the trust deed.
- I will fully and truthfully disclose any information relating to my membership of the fund that is required by the trustee, disclosing such information in writing as soon as is practicable upon such a request being made by the trustee, including:
  - If I have entered into an employment relationship with any other member of the fund who is not also a relative of myself, then any information about the circumstances leading to such a relationship
  - Any information about any circumstance (if any) that may disqualify me under superannuation law from being [trustee/director of the trustee] of the fund.
  - Any information that relates to my medical condition, whether or not I have any medical problems.
- I will also act as a [trustee] [director of the trustee company] of this fund.

### Member details

Name	GURPREET SINGH CHADHA
Address	17 ST GEORGES RD, NARRE WARREN SOUTH, VIC - 3805 India
Place of Birth	HYDERABAD - India
Date of birth	24/03/1973
Tax File Number	206971868

GURPREET SINGH CHADHA

Dated.....

18/11/11

# SHADOW SUPERANNUATION FUND

## Nomination of dependants

With indicative death benefit nomination  
No binding Death benefit nomination

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(N.B.: Choices in [brackets] must be struck out if not relevant).

### Important information for completion

[This constitutes a direction to the trustee of the fund as to the manner of apportionment of any benefit from the fund that is payable upon your death; which direction is a non-binding death benefit notice in spite of the existence of which the trustee shall retain its discretion as to how to apply any benefit that is so payable upon your death.]

1. This nomination notice is not binding. The trustee/s will take it into account in the event that a benefit is paid from the fund on your death. However, the trustee/s has complete discretion as to which of your dependants and/or legal personal representative may receive the benefit and in what proportions. If there are no dependants or legal personal representative, the benefit may be payable to any other person.
2. This nomination notice must be fully completed in accordance with the details below
  - the beneficiaries named in this notice must be dependants and/or your legal personal representative.
  - Your dependants are your spouse, de facto spouse and your children (including step, adopted and ex-nuptial children), and any other person financially dependent upon you at the time of your death.
  - Your legal personal representative is either the person named as your executor in your will, or, if you do not have a valid will at the date of your death, the person who, as your next of kin, applies for and has been granted letters of administration for your estate. Should you wish to nominate your legal personal representative, please write "legal personal representative" as the name of the beneficiary.
  - for each person nominated, you must provide both their relationships to you and the proportion of any benefit that is to be paid to each.

### Nomination of beneficiaries / dependants

Name	Relationship to you	Proportion of benefit (%)
KAMALPREET KAUR CHADHA	Wife	100




Allocation 100%

## Member declaration

I, GURPREET SINGH CHADHA of 17 ST GEORGES RD NARRE WARREN SOUTH VIC - 3805 India hereby direct [the trustee(s)/the directors of the trustee(s)] that the [person/persons] named in the above table [are/is] to receive the proportions specified therein of any benefit that is payable upon my death from SHADOW SUPERANNUATION FUND.

I understand that

- in the event of my death, the trustees have complete discretion as to which of my dependants and/or estate will receive any death benefit payable.
- this notice revokes and amends any previous notice supplied to the trustee/s of the fund in regard to my nominated beneficiaries.

Signature of member  ..... GURPREET SINGH CHADHA	Date 18 / 11 / 11
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