

**IMPORTANT: PLEASE READ ENTIRE APPLICATION AND SIGN AS APPROPRIATE**

**APPLICATION FOR MEMBERSHIP  
OF  
CE & CM BARBIERI SUPER FUND**

Member details	
Name:	Clara Maria Barbieri
Address:	448 Magill Road Kensington Gardens SA 5068
Date of Birth:	28/02/1958
Occupation:	
Tax File No:	
Telephone:	
Fax:	
Amount of Deposit (\$)*:	

I hereby apply to become a member of **CE & CM BARBIERI SUPER FUND**.

I understand that my membership is subject to terms and conditions specified in the Trust Deed governing the Fund.

SIGNED



DATED 10 SEPTEMBER 2007

Employer details	
Employer:	
Address:	

Nomination of dependants		
Name	Relationship to you	Proportion of benefit

Member declaration	
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I, \_\_\_\_\_ of \_\_\_\_\_ as a member of the Fund, request the Trustee/s to pay my death benefit to the above persons in the proportions shown.

**Important information for completion**

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 have 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:

- Ensure both pages of this Notice are completed.
- 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 you 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.

I understand that:

- in the event of my death, the Trustee/s 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 / /
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**OR**

**Binding death benefit nomination**

**Information about binding directions**

The operation of the Fund, of which you are a member or are being invited to be a member, is governed by a document called a Trust Deed. The Trustee of the Fund is bound to act in accordance with the requirements of the Trust Deed in administering the Fund.  
Under the Trust Deed, the Trustee has a discretion to decide whether, in the event of your death, to pay the death benefit, which is payable to your estate or to dependants of yours, and, in what proportions. However, the Trust Deed also enables you to override the Trustee's discretion by you giving a binding direction to the Trustee. This is a direction to the Trustee to pay any death benefit payable either to your estate or to dependants specified by you and in the proportions that you specify.  
You may either elect for the Trustee to exercise the discretion given to it to decide who to pay your benefit to, in the event of your death, or you can give a binding direction to the Trustee by completing the direction in this Nomination.

**Important points about binding directions**

If you decide to give a binding direction by completing this Nomination, it is important for you to note the following:

3. You can only direct the Trustee to pay the benefit either to your estate or to the dependants that you specify on this Nomination (or both).
4. If you wish to give such a direction to the Trustee, you must specify the percentage of your total

- death benefit which is to be paid to each of the estate or your dependants
- i. You can confirm, amend or revoke this Nomination at any time by giving written notice to the Trustee.
  - ii. The direction that you give automatically ceases to have any effect 3 years after the date on which you sign and date this Nomination. If the direction ceases to have effect, the Trustee will have a discretion to decide who to pay the death benefit to.
  - iii. If, on this Nomination, you direct the Trustee to pay any part of your death benefit to a person who is not a dependant (as described below), your direction will be void and of no effect and the Trustee will be required to decide who to pay your death benefit to.
  - iv. For the purposes of the Trust Deed, a dependant is:
    1. a spouse of a Member
    2. any children of a Member
    3. any other person (whether related to the Member or not) who is financially dependent on the Member

"Spouse" includes a de facto spouse and "children" includes step-children, adopted and ex-nuptial children.

If you have any doubt as to whether a person you wish to nominate to receive any part of your death benefit is a dependant, you should seek advice from the Trustee before completing this Nomination.
  - v. For this Nomination to be effective, it must be signed and dated by you in the presence of 2 witnesses who are both at least 18 years old and neither of the witnesses can be a person who you have nominated to receive a part of your death benefit.

**Important information for completion**

5. In order for this Nomination Notice to be valid, it must be fully completed in accordance with the details below:
  - a. Ensure the Nomination, Member Declaration and Witness Declaration are completed.
  - b. The Beneficiaries named in this Nomination must be Dependants and/or your Legal Personal Representative.  
As mentioned above, 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 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."
  - c. 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.
  - d. The Nomination must be signed and dated by you in the presence of two witnesses aged 18 years or over. Both witnesses must also provide their date of birth, sign and date the Nomination. It is important to note that the witnesses cannot be persons nominated as beneficiaries.
6. If any of this information is not provided, then your Nomination may be invalid. The Trustee/s will contact you for clarification if this is the case.
7. It is not compulsory to complete this Nomination. Details of who a death benefit will be paid to in the situation where there is no valid Nomination, can be found in the Member Information document

Nomination of dependants		
Name of beneficiary	Relationship to you	Proportion of benefit

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Total Allocation 100%

**Member declaration**

I, \_\_\_\_\_ of \_\_\_\_\_

as a member of the Fund, direct the Trustee to pay my death benefit to the above persons in the proportions shown above.

I understand:

- I can amend or revoke this Nomination at any time by providing a new Nomination to the Trustee/s of the Fund, signed and dated by myself in the presence of two witnesses who are aged 18 years or over;
- Unless amended or revoked earlier, this Nomination is binding on the Trustee/s for a period of 3 years from the date it is first signed or last confirmed;
- This Nomination revokes and amends any previous notice supplied to the Trustee/s of the Fund in regard to my nominated beneficiaries;
- If this Nomination is not correctly completed, it may be invalid;
- If I have nominated persons who are not "dependants" as explained above, the direction contained in the Nomination, will be void and of no effect and the Trustee will have a discretion as to when the benefit is payable and in what proportion.

I acknowledge that I have been provided with information by the Trustee/s of the Fund that enables me to understand my rights to direct the Trustee/s to pay my Death Benefit in accordance with this Nomination.

Signature of Member	Date / /
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**Witness declaration**

We declare that:

- this Nomination was signed by the member in our presence;
- we are aged 18 or more; and
- we are not named as beneficiaries.

Signature of Member	Signature of Witness	Date / / / /
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