

Application for Membership (each member needs their own Application)
of the Ianjan Superannuation Fund ("Fund")

This Application for Membership form contains your Nomination Form and undertakings you make to the Trustee of this Fund. The Fund's Product Disclosure Statement is also attached.

New Member Full Name STANLEY IAN LOHSE **Date of Birth** 7.5.1943

Address of New Member 7 PEACE STREET
BUNOAGERT,

Employer _____ **Tax File No.(TFN)** 478089787

Trustee Stanley Ian Lohse
Janice Emily Lohse

1. After having read the Trust Deed and the Product Disclosure Statement, in full, I apply for the membership of the Fund.
2. I consent to my Tax File Number being made available to the Trustee and any third party as required or where expedient. I also enclose a duly completed and signed Tax File Number Declaration (available from the ATO's website).
3. If applicable, I have been invited by the Employer for membership to the Fund.
4. I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death, disablement or termination of service with the Employer (where applicable).
5. In consideration of my admission to membership, I agree to abide by and be bound by the Trust Deed governing the Fund. I declare that I have no entitlement to any annuity and I am not a member of, nor have I received benefits from, any other superannuation fund or approved deposit fund, other than as set out on the attached page (please supply details of benefits paid or payable on a separate page).
6. I undertake to advise the Trustee, in writing, if at any time I receive or become entitled to receive a benefit from any superannuation fund or approved deposit fund or deferred annuity not declared according to the above.
7. I undertake to advise the Trustee in writing of any contributions made by or on behalf of me, other than by the Employer, which would vary the amount specified above.
8. I agree to the Trustee acting as Fund Trustee. I consent to be a Fund Trustee or a director of the Trustee, as required. Further, I comply and give my consent in regards to any other rules for Trustees.
9. I enclose my **Nomination Form** which deals with how I want my Superannuation to be dealt with if I die.
10. I have read and understood the Fund's Trust Deed. I have noted the benefits payable under this Trust Deed. I have also received my own copy of the Product Disclosure Statement which was attached to this Application for Membership form. I have fully read and understood the Product Disclosure Statement.
11. I acknowledge that I am not a disqualified person under any law or the SIS Regulations. Further, I undertake to advise the Trustee if I ever do become so disqualified.


Signed by the Applicant

10.3.08
Date

(Attached is a full copy of the Product Disclosure Statement)

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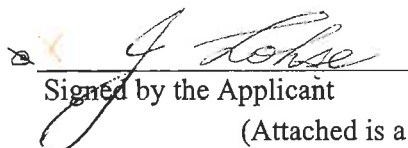
New Member Full Name JANICE EMILY LOHSE Date of Birth 27.12.1943

Address of New Member 7 PEACE STREET
BLUNDAHERS QLD 4670

Employer _____ Tax File No.(TFN) 480 457 727

Trustee Stanley Ian Lohse
Janice Emily Lohse

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