

APPLICATION FOR MEMBERSHIP

Name of Fund: The Avolino Superannuation Fund

Member's Name: Mafalda Avolino

(Minor's Name if on behalf of minor)

Address:
13 Buckhurst Ave
EPPING VIC 3076

Date of Birth: 01/06/1959

Occupation:

Telephone:

Fax:

Tax File Number.

Contributing Employer(s):

I hereby apply to become a Member of the above-mentioned Fund.

• I apply as the parent or guardian of and on behalf of the minor referred to above. (Delete if Inapplicable)

I understand that my membership is subject to terms and conditions specified in the Governing Rules.

This application is accompanied by a Product Disclosure Statement.

I have received from the Trustee a notice containing information needed for the purpose of understanding the main features of the Fund, its management and financial condition and investment performance. (The Trustee must attach these if the Member is joining at a time other than when the fund is established).

Signed: X



Dated: 13/12/2010

APPLICATION FOR MEMBERSHIP

Name of Fund: The Avolino Superannuation Fund

Member's Name: Michele Avolino

(Minor's Name if on behalf of minor)

Address:
13 Buckhurst Ave
EPPING VIC 3076

Date of Birth: 03/02/1954

Occupation:

Telephone:

Fax:

Tax File Number.

Contributing Employer(s):

I hereby apply to become a Member of the above-mentioned Fund.

• I apply as the parent or guardian of and on behalf of the minor referred to above. (Delete if Inapplicable)

I understand that my membership is subject to terms and conditions specified in the Governing Rules.

This application is accompanied by a Product Disclosure Statement.

I have received from the Trustee a notice containing information needed for the purpose of understanding the main features of the Fund, its management and financial condition and investment performance. (The Trustee must attach these if the Member is joining at a time other than when the fund is established).

Signed: X

M Avolino

Dated: 13/12/2010