## APPLICATION FOR MEMBERSHIP

OF

## THE SEAWEED 2 SUPERANNUATION FUND

Female

Katherine Anne Ullyett

Mandurah WA 6210

25 Carrick Cross

30/05/1971

Full Name:

Address:

Date of Birth:

<ul> <li>I hereby apply to become a member of the abovement.</li> <li>I have been advised of the benefits which I am entitled death, disablement or termination of service with my Element.</li> <li>In consideration of my admission to membership, I here provisions of the Trust Deed governing the Fund and I deannuity and I am not a member of any other superannulave I received benefits from any such fund, other than</li> </ul>	to receive from the Fumployer. by agree to abide by allectare that I am not enuation fund or approve	nd be bound by the titled to a deferred
VOT APPLICABLE  (Full details to be provided to True	stee)	
*I hereby authorise my current Employer to deduct from my sala to time agreed upon by myself and my employer as cor abovementioned Fund. (* Delete if not applicable)	ry such amounts (if any ntributions to be mad	y) as are from time de by me to the
My tax file number is	and I hereby authorise and and the payment	e my Trustee(s) to of my benefits.
NOMINATION OF BENEFICIARIES In the event of my death it is my wish that my benefits shall	be paid to the followi	ng persons in the
proportions stated below.		
proportions stated below.  Name and Address	Relationship to Member	Proportion of benefit
	Member SPOUSE	benefit 100 %
Name and Address	Member	benefit 100 %
Name and Address	Member SPOUSE	benefit 100 %

## APPLICATION FOR MEMBERSHIP

OF

## THE SEAWEED 2 SUPERANNUATION FUND

	THE SEAWLED 2	2 JUI LIV	MINIOATION TOND	
Full Name:	David Geoffrey Ullyet	t		
Address:	25 Carrick Cross Mandurah WA 6210			
Date of Birth:	3/08/1956	Sex:	Male	
I have be death, di     In conside provision annuity a have I re	sablement or termination of leration of my admission to not so of the Trust Deed governing and I am not a member of an accived benefits from any surface ovalument.  [Full details]	which I am ease service with membership ing the Fund my other suplich fund, other suplications of the suppose services to be provided the services with the services and the services of the services with the services and the services of the services and the services of t	entitled to receive from the F n my Employer. , I hereby agree to abide by a and I declare that I am not en erannuation fund or approve	and be bound by the ntitled to a deferred ed deposit fund nor
to time agreed abovementioned (* Delete if not ap My tax file number	upon by myself and my Fund. oplicable) er is 567 333 33	employer a	as contributions to be ma and I hereby authoris g the Fund and the payment	de by me to the
		my benefits	shall be paid to the follow	ing persons in the
tions (name	Name and Address		Relationship to Member	Proportion of benefit
RATHERINE 25 CARRI MAND	ANNE ULLIETT CK CROSS URAH WA 62	210	SPOUSE	100 %
				%
				%
				%
				%
Dated this	38th day	of 3	ANUARY. 20	04.
	7// 3	500	00	1 Boreci