

Application for membership

A.C.D. Caruso Superannuation Fund

I, MARILYN DESALISA
Please print name of applicant

of 1A PORTER TCE, ROSSLEIGH, SA, 5073
Please print address of applicant

am a Trustee of the Fund. I hereby apply for membership of **A.C.D. Caruso Superannuation Fund** and consent to becoming a member of it. I confirm that I am not aware of any impediments to this application and acknowledge that I have read the Product Disclosure Statement including any other information provided to me.

I agree that upon acceptance of my membership to:

1. be bound by the terms of the Deed and the Rules of the Fund;
2. be bound by all decisions of the Trustee(s) that were made in accordance with the Rules of the Fund, the superannuation laws and the trustee laws;
3. provide information to the Trustee where required, e.g. medical conditions;
4. provide my Tax File Number to the Trustee provided the Trustee abides by the laws relating to the collection and dissemination of my Tax File Number;
5. consent to the Trustee to hold that information despite anything to the contrary in the privacy legislation;
6. provide the trustee, within a reasonable period of time a detailed death benefit plan that may include a Binding Death Benefit Nomination;
7. ensure that any Superannuation contributions, transfers or rollovers are made in accordance with the superannuation laws at that time;
8. notify the Trustee where I have become disabled, retired, attained preservation age or met some other condition of release; and
9. notify the Trustee where I have become separated from my Spouse that is deemed irreconcilable, if I have one.

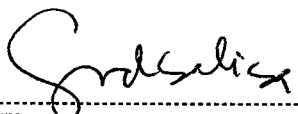
Date of Birth:

1 / 11 / 81

Tax File Number:

418 235 053

Executed by:


Signature

27 / 6 / 14
Date

MARILYN DESALISA
Please print name