THE SMART SUPERANNUATION FUND

APPLICATION FOR MEMBERSHIP CONFIDENTIAL

1.	I hereby apply fo	r admission to membership of the Fund.	
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2.	I state I am eligible to be admitted as a member of the Fund and (if the Fund is a self
	managed fund) appointed a Trustee (or a director of a corporate Trustee).

3.	I agree as fo	LOWIC
J.	I agree as io	11000

- (1) I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
- (2) I understand the terms and conditions of the Trust Deed, including the benefits payable, my rights and the rights of my Dependants.
- (3) I consent to the Trustee acting as Trustee of the Fund.
- (4) I agree and consent (if the Fund is a self managed fund) to be appointed a Trustee or a director of the corporate Trustee and declare I am eligible to be so appointed pursuant to law.
- (5) I agree to give to the Trustee my details (including my Tax File Number), or obtain them from my Employer.
- (6) I agree to give any other information the Trustee may require for the purposes of the Fund.

Dated the	day of						
Name: Address: Occupation: Date of Birth: TFN:	Carolyn I 6 Doctor Investor, 03/11/19	Margare Drive, N Land-o 46	et Smar Northan wner	rt n WA 6401	Signatur Date:	=/cn/U.Jn 5/6/09.	ort "
NOMINATED	DEPEND	ANT(S)					
I nominate the a binding nom		person	s as m	y Nominated Depe	ndants (and a	cknowledge this is not	
NAME				RELATIONSHIP	% OF	TOTAL BENEFIT	
RONAUS BRUC	e Sma	G		HUSSANS		leo,	••••
							·····
							
							••••

Schedule 1

THE SMART SUPERANNUATION FUND

APPLICATION FOR MEMBERSHIP

- I hereby apply for admission to membership of the Fund. 1.
- I state I am eligible to be admitted as a member of the Fund and (if the Fund is a self 2. managed fund) appointed a Trustee (or a director of a corporate Trustee).
- 3. I agree as follows:

F. O. BOX 15 Nov Man

- I will be bound by the Trust Deed governing the Fund as it is or may be varied (1) from time to time.
- I understand the terms and conditions of the Trust Deed, including the (2)benefits payable, my rights and the rights of my Dependants.
- I consent to the Trustee acting as Trustee of the Fund. (3)
- I agree and consent (if the Fund is a self managed fund) to be appointed a (4)
- r
- S

	Trustee or a director of the corporate Trustee and so appointed pursuant to the law.	d declare I am eligible to be
(5)	I agree to give to the Trustee my details (including obtain them from my Employer.	ng my Tax File Number), o
(6)	I agree to give any other information the Trustee n of the Fund.	nay require for the purposes
Dated the	5th day of June 2009.	lB
Name: Address: Occupation: Date of Birth:	RONALD BRUCE SMET 6. Actions Drive Albertain GLO Signature Trivistor Lans Owner 28-3-1934. Date:	X Thank 5-6-209
	DEPENDANT(S)	
I nominate the is not a binding	e following persons as my Nominated Dependants g g nomination):	(and acknowledge that this
NAME	RELATIONSHIP	% OF TOTAL BENEFIT
	MUMET SMART WIFE	
*		