

## APPLICATION TO BECOME A MEMBER

### JOHN & SUE McWHIRTER SUPERANNUATION FUND

#### Part 1 Application and Undertakings

I apply to become an initial member of this Fund under the trust deed.

I make each of the following undertakings:

Either I am not in an employment relationship with another member or I am not in an employment relationship with another member who is not a relative of mine.

I am not disqualified under superannuation law from being either a trustee or a director of the trustee of the fund.

I will comply with the trust deed.

Upon request, I will fully disclose in writing any information required by the Trustee in respect of my membership of the fund. This includes disclosing:

- Any circumstance which may lead to my entering into an employment relationship with any other member of the fund who is not also a relative of mine.
- That I may become disqualified under superannuation law from being from a trustee or a director of the trustee of the fund.
- Any information in relation to my medical condition.

I will act as a Trustee of the Fund.

I understand the trust deed, particularly its terms concerning the benefits payable under it.

Applicant Name    John Harold McWhirter  
Applicant Address                                        99 Donovans Road, Warrnambool Vic 3280  
Date of Birth    19/5/1955

#### Part 2: Death Benefit: Beneficiary Nomination

*If the death benefit is to be binding.* This is a binding death benefit notice. By completing and signing it you are requiring the trustee to provide any benefit payable on or after your death to the person or persons you mentioned in this notice, being one or more dependants or your legal personal representative.

*Or if the death notice is to be non binding.* This is a direction to the trustee as to how to apportion any benefit payable on your death. It is a non binding death benefit notice and the trustee retains the discretion as to how to apply any benefit payable on your death.

I direct either the trustees or the directors of the trustee that the person[s] named in the following table [are/is] to receive the proportions specified in that table of the benefit that is payable if I die.

Person	Relationship to Member	Proportion of death benefit

(If the death benefit nomination is to be binding please note that this beneficiary direction is valid for only 3 years.)

Signed: John H McWhirter

Date: 08/05/2007

If the death benefit is binding the following persons declare that they are 18 years of age or older; they are not persons otherwise mentioned in this notice; and this form was signed by or on behalf of the member in their presence.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness name: \_\_\_\_\_

Witness name: \_\_\_\_\_

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I will act as a Trustee of the Fund.

I understand the trust deed, particularly its terms concerning the benefits payable under it.

Applicant Name Suzanne Mary McWhirter  
 Applicant Address 99 Donovans Road, Warrnambool Vic 3280  
 Date of Birth 8 / 6 / 1955

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