

**Application for Membership to the Pugliese Family  
Superannuation Fund ('the Fund')**

**I, Anna Maria Pugliese of 7 Wincanton Court, NOBLE PARK NORTH, VIC 3174**

have been formally appointed as a trustee of the Fund. As such I hereby apply for membership of the Fund and consent to becoming a member of it. I confirm that I am not aware of any impediment to my becoming a member. I acknowledge that I have read the product disclosure statement including any written or audiovisual information provided to me.

I agree, upon acceptance of my membership to:

1. Be bound by the terms of the deed and all of the rules of the Fund;
2. Be bound by all decisions of the trustee including decisions that may impact upon my membership benefits provided those decisions are made in accordance with the rules of the fund, the superannuation laws and the trustee laws;
3. Be a trustee unless there is a specific trustee exemption in place in respect of my membership under the superannuation laws;
4. Provide information to the trustee where required including medical information enabling the trustee to facilitate any death or disablement insurance on my behalf;
5. 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;
6. Consent to the trustee to hold that information despite anything to the contrary in the privacy legislation;
7. Provide the trustee, within a reasonable period of time a detailed death benefit plan that may include a binding death benefit nomination;
8. Ensure that at the time of making any super contributions, transfers or rollovers that those contributions, transfers and rollovers are made in accordance with the superannuation laws;
9. Notify the trustee where I become disabled, retired, have reached preservation age or meet some other condition of release of my benefits from the preservation rules.
10. Notify the trustee where I become separated from my spouse, if I have one and the separation is deemed by either spouse to be irreconcilable.

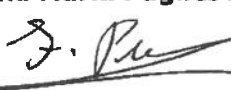
I nominate the following Dependants (spouse or children) to be entitled to any benefit that I may have in the Fund upon my death:

Name	Relationship	% of Benefit

The above is in place until I provide the trustee, a detailed death benefit plan as noted at 7. above.

**Date of Birth: 03/03/1947    Tax File Number:** \_\_\_\_\_

Signed  Date 11/03/11  
**Anna Maria Pugliese**



**Notification of Appointment as Trustee and Acceptance  
as a Member of the Pugliese Family Superannuation Fund  
(‘the Fund’)**

**To: Anna Maria Pugliese**

The trustee has reviewed your application to join the Fund as a member that is conditional upon your appointment as a trustee. It has been resolved by the trustee to:

1. Appoint you firstly as a trustee. As trustee you have agreed to be bound by the trust deed and rules of the Fund and the superannuation, taxation, family law, social security and State trustee laws;
2. Accept you as a member conditional upon you becoming first appointed as a trustee. As a member you have acknowledged that you have read the product disclosure statement as required by the rules of the Fund and have agreed to be bound by the trust deed and rules of the Fund.

You would already have received a Product Disclosure Statement explaining your rights and responsibilities under the rules of the Fund as both a trustee and as a member. However we advise, that as a trustee it is your responsibility to become acquainted with the constitution of the company and the rules of the Fund that are located at the office of the trustee.

Furthermore we advise that you have a responsibility to complete the declaration provided on a form approved by the Regulator (Australian Taxation Office) that you understand your duties and obligations as trustee.

Signed \_\_\_\_\_

Date \_\_\_\_\_

11/03/11

Trustee Name \_\_\_\_\_