

APPLICATION FOR MEMBERSHIP

Name of Fund: Lou Alelo Superannuation Fund

Member's Name: Mata, Tiresa
(Minor's Name if on behalf of minor)

Address:
1 GILCHRIST DRIVE
CAMPBELLTOWN NSW 2560

Date of Birth: 14/05/1967

Occupation:

Telephone:

Fax:

Tax File Number:

Contributing Employer(s):

I hereby apply to become a Member of the abovementioned Fund.

* I apply as the parent or guardian of and on behalf of the minor referred to above.
(Delete if inapplicable)

I understand that my membership is subject to terms and conditions specified in the Governing Rules.

This application is accompanied by a Product Disclosure Statement.

I have received from the Trustee a notice containing information needed for the purpose of understanding the main features of the Fund, its management and financial condition and investment performance. (The Trustee must attach these if the Member is joining at a time other than when the fund is established).

Signed: X



Dated: 9/8/16