

## APPLICATION FOR MEMBERSHIP

**TO THE TRUSTEE OF D. & L. ELLARD SUPERANNUATION FUND**

**FROM:** David Arthur Ellard

**OF:** Lot 1 Boole Poole, Peninsula Vic 3904

I apply to become a member of the abovementioned superannuation fund on the terms and conditions specified in the Trust Deed from the time being governing the Fund.

I understand that my employer may deduct from my salary such amounts as are required to provide my contributions to the Fund and will pay those amounts to the Trustee of the Fund.

I acknowledge my acceptance of

David Arthur Ellard

Lynette Erica Ellard

as Trustee(s) of the Fund.

Signature

David Arthur Ellard

Date

29 / 7 / 99

David Arthur Ellard

## NOMINATED BENEFICIARY<sup>1</sup>

I wish to advise the Trustee of the Fund that my Nominated Beneficiary(ies) under the Fund is/are as follows:

NAME IN FULL (DOB IF UNDER 18)	RELATIONSHIP TO MEMBER	FULL POSTAL ADDRESS	% OF SHARE BENEFIT <sup>2</sup>
LYNNETTE ERICA ELLARD	WIFE	PO Box 184 METUNG 3904	100%

I understand that the payment of any Death Benefit by the Fund will be at the absolute discretion of the Trustee and that this nomination is not to be treated as a direction.

Signature

David Arthur Ellard

Date

29 / 7 / 99

David Arthur Ellard

1 Completion of this section is optional

2 Show percentage of death benefits to be taken by each beneficiary

**D & L Ellard Superannuation Fund**  
**("the Fund")**

**Consent to Appointment as Trustee**


I consent to being appointed a Trustee of the Fund.

I make the following declarations:

- I have not been convicted of an offence in respect of dishonest conduct
- I have not had a civil penalty order made against me under the *Superannuation Industry (Supervision) Act 1993*
- I am not an insolvent under administration
- I have not been disqualified to act as Trustee under section 120A of the *Superannuation Industry (Supervision) Act 1993*.

Date: 29 July 1999

Trustee   
David Arthur Ellard

Trustee   
Lynette Erica Ellard