

D. O. SUPER FUND (FUND)

APPLICATION FOR MEMBERSHIP

TO: THE TRUSTEE OF THE FUND

AGREEMENT AND UNDERTAKING

I, the undersigned person, being eligible for Membership, hereby apply for admission to Membership of the Fund. I agree and undertake that:

- (a) If I am an Employee of any other Member, I am also a Relative of the other Member(s);
- (b) I am not disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;
- (c) I will be bound by the governing rules for the Fund as they are or may be varied from time to time;
- (d) I will, on request, make full disclosure in writing of any information required by the Trustee in respect of my medical condition or my Membership of the Fund including any circumstance which may have the effect that:
 - (i) I may become an Employee of any other Member or Members where I will not also be a Relative of the other Member(s); or
 - (ii) I may become Disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;
- (e) I understand the terms and conditions of the governing rules including my obligations as a Trustee and I agree to sign and deliver to the Australian Taxation Office such form or declaration in connection with my accepting the office of a Trustee or as a Director of the Trustee as may be required under the Relevant Law within such period as the Relevant Law requires;
- (f) I understand the terms and conditions of the governing rules concerning Benefits payable;
- (g) I understand that I am not legally obliged to provide my Tax File Number (TFN) to the Trustee but if I do not provide my TFN, concessional contributions will be taxed at the highest marginal tax rate plus the Medicare levy and the Fund will not be able to accept non-concessional contributions;
- (h) My TFN is 486 949 524;
- (i) I agree to act as a Trustee for the Fund or to act as a Director of the Trustee.

Name:	Damon George O'Shea
Address:	6 Brock Place Whitebridge NSW 2290
Date of Birth:	13 July 1961


Signature of Applicant

20 1 09 12019
Date (Please ensure that you date this part of the form)

NON-BINDING DEATH BENEFIT NOMINATION

Complete this form if you wish to nominate who should receive your superannuation benefits on your death, but you do not want that nomination to be binding on the trustee.

Details of the Fund and Member

Fund Name: THE TRUSTEE FOR D.O. SUPER FUND
 Member Name: DAMON GEORGE O'SHEA
 Member Address: 6 BROCK PLACE WHITE BRIDGE NSW 2290

Beneficiaries

The person or persons nominated must be either a Dependant or Dependents (as defined under the *Superannuation Industry (Supervision) Act 1993* (Cth) and the *Superannuation Industry (Supervision) Regulations 1994* (Cth)) or your legal personal representative (LPR). If you wish to nominate your LPR, please write "LPR" in the first column, below.

To the Trustee of the Fund:

I request the trustee to pay, upon my death, benefits to the person or persons, and in the proportions, nominated below:

Full Name of Beneficiary	Full Address of Beneficiary (write LPR if the Beneficiary is your LPR)	Beneficiary's Relationship to the Member	% of Total Benefit
KATRINA LOUISE BOENDERMAKER	6 BROCK PLACE WHITEBRIDGE NSW 2290	WIFE	100%
Total must equal 100%			100%

Alternate Beneficiaries

If any of the Beneficiaries nominated above predecease me, I request the trustee to pay, upon my death, the part of my death benefit that would otherwise have been payable to the deceased Beneficiary noted above, to the person or persons nominated below:

Name of the initial Beneficiary nominated	Name of the Alternate Beneficiary taking the place of the deceased Beneficiary	Alternate Beneficiary's Relationship to the Member	Proportion of the initial Beneficiary's Benefit to be payable to the Alternate Beneficiary
L.P.R.			100%

Member to Sign Non-Binding Death Benefit Notice

You must sign this form below.

De'c .
Signature of Member

25 / 09 / 2019
Date (Please ensure that you date this part of the form)