

APPLICATION FOR MEMBERSHIP

STOTT SUPERANNUATION FUND

CONFIDENTIAL

I, **PATRICIA JEAN STOTT** of 39 MARTHA STREET, CAMP HILL, QLD 4152 apply for admission to membership of the Fund.

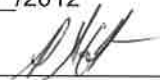
I state that I am eligible to be admitted as a member of the Fund and to be appointed a Trustee or a director of a corporate Trustee if the Fund is a self managed superannuation fund. I agree:

- (1) To be bound by the Trust Deed governing the Fund as it is or may be varied from time to time (and state I understand the terms and conditions of the Trust Deed, including the benefits payable, my rights and the rights of my Dependants).
- (2) To the Trustee acting as Trustee of the Fund.
- (3) If the Fund is a self managed fund to be appointed a Trustee or a director of the corporate Trustee.
- (4) To give the Trustee my details (including any Tax File Number), or for the Trustee to obtain them from my Employer.
- (5) To advise the Trustee of any preserved benefits or other relevant information regarding my superannuation contributions and benefits.
- (6) To give any other information the Trustee may require for the purposes of the Fund.

Dated:

26/11/2012

Signature:


PATRICIA JEAN STOTT

Occupation:

PHARMACIST

Date of birth:

13/9/1949

Tax File Number:

475 872 078

NON-BINDING NOMINATION OF DEPENDANT(S)

I nominate the following persons as my Nominated Dependants to receive any Benefits payable on my death, and I acknowledge this is not a binding nomination:

NAME	RELATIONSHIP	% OF TOTAL BENEFIT
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CLIENT DID NOT WISH TO COMPLETE
DEALT WITH IN WILL