

# Application for membership

## Gabor Superannuation Fund

I, Leslie Gabor

Please Print Name of Applicant

of: 11 Hazeldean Place, Kenthurst NSW 2156

Please Print Address of Applicant

am 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 audio visual information provided to me.

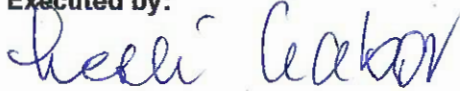
I agree, upon acceptance of my membership to:

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 of the fund 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. provide information to the Trustee where required including medical information enabling the trustee to facilitate any death or disablement insurance on my behalf;
4. 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;
5. consent to the Trustee to hold that information despite anything to the contrary in the privacy legislation;
6. provide the Trustee, within a reasonable period of time a detailed death benefit plan that may include a Binding Death Benefit Nomination;
7. 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;
8. 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; and
9. 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 until I provide the Trustee with a detailed Death Benefit Nomination as noted in 6 above:

Full Name of Dependand	Relationship	% of Benefit

Executed by:



Signature

25/ 02 /2000  
Date