

Schedule 2 to this deed

Application to become a Member

This Application Form contains your Death Benefit Nomination and undertakings which must be made by you. It is also accompanied by the Product Disclosure Statement relevant to the fund contained in Annexure A.

Part 1 Application and Undertakings

I apply to become an [*Either* initial *Or* additional] member of this fund under the trust deed.

I make each of the following undertakings:

- [*Either* I am not in an employment relationship with another member. *Or* I am not in an employment relationship with another member who is not a relative of mine.]
- I am not a disqualified person under superannuation law from being a [*Either* trustee *Or* director of the trustee] of the fund.
- I will comply with the trust deed.
- Upon request, I will fully disclose in writing any information required by the trustee in respect of my membership of the fund. This includes disclosing:
 - Any circumstance which may lead to my entering into an employment relationship with any other member of the fund who is not also a relative of mine.
 - That I may become disqualified under superannuation law from being a [*Either* trustee *Or* director of the trustee] of the fund.
 - Any information in relation to my medical condition.
- I will act as a [*Either* trustee *Or* director of the trustee] of the fund.
- I understand the trust deed, particularly its terms concerning the benefits payable under it, and I have read and understood the attached Product Disclosure Statement, annexed and marked 'A'.
- I have read and understand the prescribed information relating to the collection of Tax File Numbers by the trustees of superannuation funds.

I attach a completed ATO Individual Tax File Number Notification form.

Applicant name [Insert applicant's name] YEI FOON CHOU
 Applicant address [Insert applicant's address] 6, ADELAIDE PL, SYDNEY 2224 NSW
 Applicant occupation [Insert applicant's occupation] NURSE
 Date of birth [Insert applicant's date of birth] 6.5.1949
 Applicant place of birth [Insert applicant's place of birth] West Malaysia

Part 2: Death Benefit: Beneficiary Nomination

If death benefit nomination is to be binding This is a binding death benefit notice. By completing and signing it you are requiring the trustee to provide any benefit payable on or after your death to the person or persons you mentioned in this notice, being one or more dependants or your legal personal representative. *Or If death benefit notice is to be non binding* This is a direction to the trustee as to how to apportion any benefit payable on your death. It is a non binding death benefit notice and the trustee retains the discretion as to how to apply any benefit payable on your death.

I direct [*Either the trustees Or the directors of the trustee*] that the person[s] named in the following table [are/is] to receive the proportions specified in that table of the benefit that is payable if I die.

Person	Relationship to member	Proportion of death benefit
[Insert beneficiary's name]	[Insert beneficiary's relationship to member]	[Insert proportion of the death benefit to be paid to this person] %
[Add rows to table as required]		

[*If death benefit nomination is to be binding* (Please note, that this beneficiary direction is valid for only 3 years.)]

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 - Any information in relation to my medical condition.
- I will act as a [*Either trustee Or director of the trustee*] of the fund.
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I attach a completed ATO Individual Tax File Number Notification form.

Applicant name [Insert applicant's name] VANESSA KHOO
 Applicant address [Insert applicant's address] 4/38, BURLINGTON ST
 Applicant occupation [Insert applicant's occupation] MONTEREY 2217
 Date of birth [Insert applicant's date of birth] 17.7.1979 NSW
 Applicant place of birth [Insert applicant's place of birth] AUSTRALIA

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[Add rows to table as required]		

[If death benefit nomination is to be binding (Please note, that this beneficiary direction is valid for only 3 years.)]