

## APPLICATION FOR MEMBERSHIP

Name of Fund: Sigrid Block Superannuation Fund

Member's Name: Sigrid Block

(Minor's Name if on behalf of minor)

Address:

Unit 2  
370 Montague Street  
ALBERT PARK VIC 3206

Date of Birth: 21/06/1943

Occupation:

Telephone:

Fax:

Tax File Number.

Contributing Employer(s):

I hereby apply to become a Member of the above-mentioned Fund.

• I apply as the parent or guardian of and on behalf of the minor referred to above. (Delete if Inapplicable)

I understand that my membership is subject to terms and conditions specified in the Governing Rules.

This application is accompanied by a Product Disclosure Statement.

I have received from the Trustee a notice containing information needed for the purpose of understanding the main features of the Fund, its management and financial condition and investment performance. (The Trustee must attach these if the Member is joining at a time other than when the fund is established).

Signed:



Dated: 22/5/2007

X

# NOTICE OF CONSENT TO ACT AS TRUSTEE

Sigrid Block SMSF Pty Ltd A.C.N. 124 979 611 by its undersigned Director, hereby consent to act as Trustee of the superannuation fund known as the Sigrid Block Superannuation fund.

- (a) I confirm that I have not at any time
- (i) been convicted of an offence against or arising out of a law of the Commonwealth, a State, a Territory or a foreign country, being an offence in respect of dishonest conduct; or
  - (ii) had a civil penalty order made against us.
- (b) I am not currently an insolvent under administration.

*Dated this 22nd day of May 2007.*

Signature. .....  
SIGRID BLOCK