KKSR 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 _546 780 721_ ;

(i)   I agree to act as a Trustee for the Fund or to act as a Director of the Trustee.

Name:	Kym Mason
Address:	22 Wrigley Street Maroochydore QLD 4558
Date of Birth:	23 January 1959

K. Mason
_____
Signature of Applicant

10 / 10 / 2017
_____
Date (Please ensure that you date this part of the form)