Oldfield Capital Superannuation Fund

APPLICATION FOR MEMBERSHIP

To: The Trustees of Oldfield Capital Superannuation Fund,

I, ANTHONY	BERNAM	1 OLDFI	ELD
of 57 A NOR	THCOTE S	ST, AUBO	1RN - 2144
* a self employed person			_
* an employee of (delete as applicable)		()	FRONS
(delete as applicable)	9 EORGE	WESTON	10003

I set out below full details of my membership of any Approved Deposit Funds and Complying Superannuation Funds.

Name of Fund

Name and Address of Trustee

I also undertake to notify the Trustee immediately if I became a member of any other Complying Superannuation Fund or Approved Deposit Fund.

Dated this 28th day of March, 20 17

Witness

Signature of Applicant