

**APPLICATION FOR MEMBERSHIP**  
of  
**Millar Family Super Fund**

Full Name: Neville James MILLAR

Address: 4 Guardian Parade Beacon Hill NSW 2100

Occupation:- Company Director

Date of Birth: 17/7/1958                      Sex: Male

- I hereby apply to become a member in the abovementioned Fund.
- I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death or termination of service with my Employer.
- In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the Trust Deed governing the Fund and I declare that I am not entitled to a deferred annuity and I am not a member of any other superannuation fund or approved deposit fund nor have I received benefits from any such fund, *other than the following:-*

.....  
*(Full details to be provided to Trustee)*

\*I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.  
*(\* Delete if not applicable)*

My tax file number is ..... and I hereby authorise my Trustee(s) to use this tax file number for the purposes of administering the Fund and the payment of my benefits.

**NOMINATION OF BENEFICIARIES:**

In the event of my death it is my wish that my benefits shall be paid to the following persons in the proportions stated below.

<i>Name and Address</i>	<i>Relationship to Member</i>	<i>Proportion of benefit</i>
		%
		%
		%
		%
		%



.....  
Applicant/Member

.....  
Witness 1

.....  
Witness 2

**APPLICATION FOR MEMBERSHIP**  
of  
**Millar Family Super Fund**

Full Name: Dianne Therese MILLAR

Address: 4 Guardian Parade Beacon Hill NSW 2100

Occupation:- Company Director

Date of Birth: 01/4/1965                      Sex: Female

- I hereby apply to become a member in the abovementioned Fund.
- I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death or termination of service with my Employer.
- In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the Trust Deed governing the Fund and I declare that I am not entitled to a deferred annuity and I am not a member of any other superannuation fund or approved deposit fund nor have I received benefits from any such fund, *other than the following:-*

.....  
*(Full details to be provided to Trustee)*

\*I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.  
*(\* Delete if not applicable)*

My tax file number is ..... and I hereby authorise my Trustee(s) to use this tax file number for the purposes of administering the Fund and the payment of my benefits.

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		%
		%
		%
		%
		%

  
.....  
Applicant/Member

.....  
Witness 1

.....  
Witness 2