

APPLICATION FOR MEMBERSHIP

With Indicative Death Benefit Nomination – No Binding Death Benefit Nomination

MEMBER DETAILS

Name:	SUSAN JOY WINNING
Address:	UNIT 603 20 PLAYFIELD STREET CHERMSIDE QLD 4032
Date of Birth	18/05/1946
Tax File Number	483596828
Occupation	RETIRED
Telephone:	
Fax:	
Amount of Deposit (\$)*:	

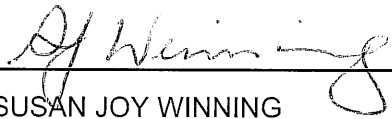
* (A Statement of Termination Payment needs to be attached if an amount is being transferred from another superannuation fund)

I hereby apply to become a member of MUMSY'S SUPER FUND.

I understand that my membership is subject to terms and conditions specified in the Trust Deed governing the Fund.

DATED: 08/03/2010

SIGNATURE:


SUSAN JOY WINNING