

MEMBER APPLICATION

Abbott Superannuation Fund

Application for membership

Confidential

The Trustee

I, Lyndel Elizabeth Abbott

of 502 / 5 Jersey Road Artarmon NSW 2064

hereby declare that I have received sufficient information from the Trustees to enable me to make an informed decision about joining the fund.

I, hereby apply to join the Abbott Superannuation Fund (the Fund) and I hereby authorise my employer to make any contributions as and when due, in accordance with the Trust Deed of the Fund.

I also agree and undertake the following:

- (a) I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
- (b) I understand the terms and conditions of the Trust Deed, especially those concerning benefits payable.
- (c) I consent to act as Trustee of the Fund for the purposes of complying with the self managed super fund requirements.
- (d) I will upon request make full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other superannuation fund, approved deposit fund, rollover annuity or employer.
- (e) I will notify the Trustee at any time I cease to be gainfully employed as defined in the Trust Deed.
- (f) I consent to the Trustee acting as Trustee of the Fund.
- (g) I declare that the information completed below regarding nominated dependants (if any) is accurate in every respect.
- (h) I declare that in completing this application I was given advice in writing regarding the benefits I would be entitled to in joining the fund, the method of determining that entitlement and the conditions relating to those benefits.
- (i) I declare that I have been provided with a copy of the most recent report to members and details of fund earnings rates to the membership class which I belong.

I am aware that in the event of my death while a member of the Fund the benefit provided under the Deed is payable at the Trustee's discretion to one or more of my dependants, or where I have no dependants, to my estate.

In such an event, it is my wish that the benefit be paid to the persons nominated below in the proportions shown:

MEMBER APPLICATION

Name: Malcolm Abbott

Relationship:
Husband

Address: 502 / 5 Jersey Road Artarmon NSW 2064

100%

Dated this 28th day of December 2009

Signature: *Malcolm Abbott*

Occupation: Clinical Psychologist

Date of birth: 16/04/1980

Tax File Number: 205 818 479

I hereby apply to join the Abbott Trust (Trust Deed) and I hereby authorize my
employer to make any application as and when they see fit in accordance with the Trust Deed of the fund.

I also agree and undertake the following:

- (a) I will be bound by the Trust Deed governing the fund as if it were a contract made by me.
 - (b) I understand the terms and conditions of the Trust Deed, especially those concerning trustee powers.
 - (c) I consent to act as Trustee of the fund for the purposes of the application with the sole obligation to act in the best interests of the fund.
 - (d) I will upon request make full disclosure in writing of my financial and other assets, liabilities, income or may be entitled to receive from any other superannuation fund, approved super fund, together with any other assets.
 - (e) I will notify the Trustee at any time I cease to be a salaried employee as defined in the Trust Deed.
 - (f) I consent to the Trustee acting as Trustee of the fund.
 - (g) I declare that the information completed below regarding my financial and other assets, liabilities, income or may be entitled to receive from any other superannuation fund, approved super fund, together with any other assets, is true and correct to the best of my knowledge and belief.
 - (h) I declare that in completing this application I was given a copy of the Trust Deed and I have read and understood its contents and I agree to be bound by its terms and conditions.
 - (i) I declare that I have been provided with a copy of the Trust Deed and I have read and understood its contents and I agree to be bound by its terms and conditions.
 - (j) I declare that in the event of my death while a member of the fund the benefit payable under the fund is payable to the Trustee's discretion in one or more of my dependants or whom I have no dependants, in my estate.
- In such an event, it is my wish that the benefit be paid to the persons nominated below in the proportions shown: