

MEMBER APPLICATION

Abbott Superannuation Fund

Application for membership

Confidential

The Trustee

I, Malcolm David 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:

Name: Elizabeth Abbott

Relationship:
Mother

Address: 11 Boondah Place, Warrawee NSW

100%

Dated this 19th day of October 2005

Signature:

Occupation: PhD Student

Date of birth: 18/7/1978

Tax File Number: 390 143 384