

**APPLICATION FOR MEMBERSHIP**  
**OF**  
**JOHN SHIPP SUPERANNUATION FUND**

Full Name: JOHN SHIPP

Address: 19 Whiteman Street  
 THORNLIE WA 6108

Date of Birth: 10/02/1969

Sex: Male

I make application to become a member of JOHN SHIPP SUPERANNUATION FUND ("The Fund")

\* 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.

\* I hereby apply to make contributions to the Fund and agree to be bound by the Deed and Rules governing the Fund.

\* I confirm that I am self-employed or substantially self-employed and any employment income is less than 10% of my assessable income and that if this position changes I will immediately inform the Trustee.

Pursuant to the authorisations for the collection of Tax File Numbers ("TFN") contained in the taxation laws, the *Superannuation Industry (Supervision) Act 1993* and the *Privacy Act 1988*, I hereby agree to provide my TFN as follows:

My Tax File Number is: X 15 195 4115  
 And I hereby authorise the Trustees to use this tax file number.

**NOMINATION OF BENEFICIARIES**

Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I hereby nominate the following persons to receive the benefit payable by the Trustees of the Fund in the event of my death:

Name and Address	Relationship to Member	Proportion of Benefit
The Estate		100% %
		%

Dated this 20 day of November 2015

Signature of Applicant: [Signature]

Witness: [Signature]  
 \* Delete this clause if inapplicable