

Application for membership

Castles Family Superannuation Fund

I, **Lester Gerard Castles** of **440 Claytons Road, Bundaberg QLD 4670** am the trustee for the Fund. I hereby apply for membership of **Castles Family Superannuation Fund** and consent to becoming a Member of it. I confirm that I am not aware of any impediments to this application and acknowledge that I have read the Product Disclosure Statement including any other information provided to me.

I agree that upon acceptance of my membership to:

1. be bound by the terms of the Deed and the Rules of the Fund;
2. be bound by all decisions of the Trustee that were made in accordance with the Rules of the Fund, the superannuation laws and the trustee laws;
3. provide information to the Trustee where required, e.g. medical conditions;
4. provide my Tax File Number to the Trustee provided the Trustee abides by the laws relating to the collection and dissemination of my Tax File Number;
5. consent to the Trustee to hold that information despite anything to the contrary in the privacy legislation;
6. provide the Trustee, within a reasonable period of time a detailed death benefit plan that may include a Binding Death Benefit Nomination;
7. ensure that any Superannuation contributions, transfers or rollovers are made in accordance with the superannuation laws at that time;
8. notify the Trustee where I have become disabled, retired, attained preservation age or met some other condition of release; and
9. notify the Trustee where I have become separated from my Spouse that is deemed irreconcilable, if I have one.

Date of Birth: 14 / 10 / 1952

Tax File Number: 478422611

Executed by:


x
.....
Lester Gerard Castles

06 / 07 / 1998
Date

Application for membership

Castles Family Superannuation Fund

I, **Tina Maria Castles** of **440 Claytons Road, Bundaberg QLD 4670** am the trustee for the Fund. I hereby apply for membership of **Castles Family Superannuation Fund** and consent to becoming a Member of it. I confirm that I am not aware of any impediments to this application and acknowledge that I have read the Product Disclosure Statement including any other information provided to me.

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8. notify the Trustee where I have become disabled, retired, attained preservation age or met some other condition of release; and
9. notify the Trustee where I have become separated from my Spouse that is deemed irreconcilable, if I have one.

Date of Birth: 06 / 10 / 1953

Tax File Number: 479 085 354

Executed by:

Tina Maria Castles

Tina Maria Castles

06 / 07 / 1998
Date

Trustee consent

Castles Family Superannuation Fund

I, **Lester Gerard Castles** hereby consent to the appointment to act as trustee of the Fund and to be bound by the Fund's Deed and all of the Rules and the Act as defined in the Deed and to ensure that:

- the Fund continues to be a Complying Superannuation Fund as defined in the Deed; and
- the Fund is continuously maintained as a Self Managed Superannuation Fund.

I declare that I am not a disqualified person as that term is defined under the Trust Deed or the Act;

The appointment is to last only so long as the Fund continues to be a Complying Superannuation Fund. Where the appointment threatens the Fund's complying status, I agree to resign with effect immediately upon becoming aware of such threat.

Executed by:


.....
Lester Gerard Castles

06/07/1998
Date

Trustee consent

Castles Family Superannuation Fund

I, **Tina Maria Castles** hereby consent to the appointment to act as trustee of the Fund and to be bound by the Fund's Deed and all of the Rules and the Act as defined in the Deed and to ensure that:

- the Fund continues to be a Complying Superannuation Fund as defined in the Deed; and
- the Fund is continuously maintained as a Self Managed Superannuation Fund.

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Executed by:


.....
Tina Maria Castles

06/07/1998
Date