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| Application for Membership  SYDBANE SAUNDERS SUPER FUND |

To the Trustees of:

SYDBANE SAUNDERS SUPER FUND

I, GRANT SAUNDERS, apply for admission to membership of the Fund and undertake as follows:-

1. I will be bound by the Trust Deed governing the Fund as it is presently constituted or as it

may be varied from time to time.

2. I understand the terms and conditions of the Trust Deed including benefits payable to

Members and understand my rights and the rights of my dependants pursuant to the Trust

Deed.

My personal details and those of my employer/s are attached to this application. I acknowledge

that the discretion vested in you as to the application of benefits in circumstances where I cannot

receive them myself is an absolute, free and unfettered discretion, but I express the wish that in

the exercise of that discretion you give consideration to paying any such benefits to the following

person, in the following proportions:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Designated Beneficiary | Address of Designated Beneficiary | Relationship to Member | Proportion of Benefits |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I understand that the Trustee is required to request that I provide my Tax File Number for the

purposes of Section 299F of the Superannuation Industry (Supervision) Act 1993. I further

understand that I am under no obligation to supply this number, but that should I fail to do so, tax

may be deducted from my account at the top marginal rate.

My Tax File Number is: 262 300 530

Dated:

Signature

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GRANT SAUNDERS

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| Application for Membership  SYDBANE SAUNDERS SUPER FUND |

To the Trustees of:

SYDBANE SAUNDERS SUPER FUND

I, JOY SAUNDERS, apply for admission to membership of the Fund and undertake as follows:-

1. I will be bound by the Trust Deed governing the Fund as it is presently constituted or as it

may be varied from time to time.

2. I understand the terms and conditions of the Trust Deed including benefits payable to

Members and understand my rights and the rights of my dependants pursuant to the Trust

Deed.

My personal details and those of my employer/s are attached to this application. I acknowledge

that the discretion vested in you as to the application of benefits in circumstances where I cannot

receive them myself is an absolute, free and unfettered discretion, but I express the wish that in

the exercise of that discretion you give consideration to paying any such benefits to the following

person, in the following proportions:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Designated Beneficiary | Address of Designated Beneficiary | Relationship to Member | Proportion of Benefits |
|  |  |  |  |
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I understand that the Trustee is required to request that I provide my Tax File Number for the

purposes of Section 299F of the Superannuation Industry (Supervision) Act 1993. I further

understand that I am under no obligation to supply this number, but that should I fail to do so, tax

may be deducted from my account at the top marginal rate.

My Tax File Number is: 482 939 482

Dated:

Signature

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JOY SAUNDERS