

THE TRUSTEES  
KLS INVESTMENTS SUPERANNUATION FUND  
PO BOX 7120  
HEMMANT QLD 4174

**RE: APPLICATION FOR MEMBERSHIP**

I, the undersigned person, being eligible, hereby apply for admission to membership of KLS INVESTMENTS SUPERANNUATION FUND.

I undertake as follows:

- (i) 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.
- (ii) 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.


I hereby acknowledge that the discretion vested in you by Rule 12.2 of the Fund is an absolute free and unfettered discretion but I express the wish that in the exercise of such discretion you give consideration to paying any death benefit in the following proportions:-

Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	Proportion of Death Benefit
LESLIE SHARPLES	81 RONDAWICK ST CAPTIVA QLD	HUSBAND	100%

I understand that the trustee is required to request that I provide my tax file number. 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 354-619-086

Yours faithfully,



CLARE SHARPLES

DATE: 5/7/2021