

**SCHEDULE B  
APPLICATION FOR MEMBERSHIP  
CONFIDENTIAL**

TO: THE TRUSTEE, THE WEEKES SUPERANNUATION FUND

I, \_\_\_\_\_, apply for membership of the Fund.

- (a) I will be bound by the Trust Deed governing the Fund as varied from time to time.
- (b) I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Trust Deed.
- (c) I consent to the Trustee acting as Trustee of the Fund.
- (d) I declare that the information in this Application is accurate in every respect.

**APPLICATION DETAILS**

Name: **DANIEL LUKE WEEKES**

Address: **96 HUNTINGDALE ST PULLINGVALE**

Occupation: **SALES ASSISTANT**

Date of Birth: **12/2/1984**

Membership Class: \_\_\_\_\_

Tax File Number: **363 8831 75**

NOTE: Your Tax File Number ("TFN") is confidential. Before you provide it, you must be told:

- 1. Your TFN can be collected under the Superannuation Industry (Supervision) Act 1993.
- 2. If you provide your TFN, it will only be used for legal purposes, which currently include:
  - finding or identifying your superannuation benefits;
  - calculating tax on eligible termination payments; and
  - providing information to the Commissioner of Taxation.

These purposes may change in the future as a result of legislative change.

- 3. It is not an offence not to provide your TFN. If you do not:
  - you may pay unnecessary tax on your benefits, which you will need to reclaim later through the income tax assessment process; and
  - it may be more difficult to find unclaimed benefits that you have, or to locate and amalgamate other benefits you have.

The consequences of not providing your TFN may change in the future as a result of legislative change.

- 4. If you provide your TFN, the trustee may provide it to:
    - the trustee of another superannuation fund when you transfer your benefits to it, unless you instruct the trustee not to; and
    - the Commissioner of Taxation,
- but otherwise it will be treated as confidential.

**NOMINATED DEPENDANT(S)**

I nominate the following persons as my Nominated Dependants:

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
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DATED

2004

Signature .....

**APPLICATION FOR MEMBERSHIP  
CONFIDENTIAL**

TO: THE TRUSTEE, THE WEEKES SUPERANNUATION FUND

I, DANIEL COLIN WEEKES, apply for membership of the Fund.

- (a) I will be bound by the Trust Deed governing the Fund as varied from time to time.
- (b) I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Trust Deed.
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- (d) I declare that the information in this Application is accurate in every respect.

**APPLICATION DETAILS**

Name: DANIEL COLIN WEEKES

Address: 51 Kununurra Crescent, Shailer Park Qld 4128

Occupation:

Date of Birth: 28/10/1962

Membership Class: A

Tax File Number:

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**NOMINATED DEPENDANT(S)**

I nominate the following persons as my Nominated Dependants:

**SIGN  
HERE**

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
			

DATED 200

200

Signature *DCW*

**APPLICATION FOR MEMBERSHIP  
CONFIDENTIAL**

TO: THE TRUSTEE, THE WEEKES SUPERANNUATION FUND

I, FIONA LISA WEEKES, apply for membership of the Fund.

- (a) I will be bound by the Trust Deed governing the Fund as varied from time to time.
- (b) I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Trust Deed.
- (c) I consent to the Trustee acting as Trustee of the Fund.
- (d) I declare that the information in this Application is accurate in every respect.

**APPLICATION DETAILS**

Name: FIONA LISA WEEKES

Address: 51 Kununurra Crescent, Shailer Park Qld 4128

Occupation:

Date of Birth: 21/05/1973

Membership Class: A

Tax File Number:

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**NOMINATED DEPENDANT(S)**

I nominate the following persons as my Nominated Dependants:

**SIGN  
HERE**

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
			

DATED

*8 July 2004 J*

Signature

*FLW FWeekes*

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