

**APPLICATION FOR MEMBERSHIP  
CONFIDENTIAL**

TO: THE TRUSTEE, HALFA SUPER FUND

I, ANTHONY KENT FULTON, 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 I am, or 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: ANTHONY KENT FULTON

Address: 540 Bees Creek Road, Bees Creek NT 0822

Occupation:

Date of Birth: 09/01/1973

Membership Class: A

Tax File Number:

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 benefit payments and contributions; 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 and contributions, 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
Altun	Fiona michelle	wife	100%

DATED 29/01/2015

Signature af

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**APPLICATION FOR MEMBERSHIP  
CONFIDENTIAL**

TO: THE TRUSTEE, HALFA SUPER FUND

I, FIONA MICHELLE FULTON, 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 I am, or 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 MICHELLE FULTON

Address: 540 Bees Creek Road, Bees Creek NT 0822

Occupation:

Date of Birth: 03/01/1975

Membership Class: A

Tax File Number:

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  - the trustee of another superannuation fund when you transfer your benefits to it, unless you instruct the trustee not to; and
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**NOMINATED DEPENDANT(S)**

I nominate the following persons as my Nominated Dependants:

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
Fulton	Anthony Kent	Husband	100%

DATED 29 / 01 / 2015

Signature 

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