

**APPLICATION FOR MEMBERSHIP  
CONFIDENTIAL**

TO: THE TRUSTEE - THE PAYNE SUPERANNUATION FUND

I, SHARON ELIZABETH PAYNE apply for admission to 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: SHARON ELIZABETH PAYNE

Signature: 

Address: 35 WESTCOTT AVENUE, CAMPWIN BEACH QLD 4740

Occupation: Receptionist

Date of Birth: 18 / 04 / 52

Membership Class: ....A.....

Tax File Number: 148618025

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 undermentioned persons as my Nominated Dependants:

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF TOTAL BENEFIT
PAYNE	DESMOND	HUSBAND	100

DATED the 6 day of September 1999

**APPLICATION FOR MEMBERSHIP  
CONFIDENTIAL**

TO: THE TRUSTEE - THE PAYNE SUPERANNUATION FUND

I, JODIE MAREE PAYNE apply for admission to 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: JODIE MAREE PAYNE

Signature: J. Payne

Address: 35 WESTCOTT AVENUE, CAMPWIN BEACH QLD 4740

Occupation: Chartered Accountant

Date of Birth: 18 / 09 / 73

Membership Class: ....A.....

Tax File Number: 181 254 434

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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 undermentioned persons as my Nominated Dependants:

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF TOTAL BENEFIT
<u>PAYNE</u>	<u>SHARON</u>	<u>MOTHER</u>	<u>100</u>

DATED the 6 day of September 1999.

**APPLICATION FOR MEMBERSHIP  
CONFIDENTIAL**

TO: THE TRUSTEE - THE PAYNE SUPERANNUATION FUND

I, DESMOND EDWARD PAYNE apply for admission to 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: DESMOND EDWARD PAYNE

Signature: 

Address: 35 WESTCOTT AVENUE, CAMPWIN BEACH QLD 4740

Occupation: Enzed Horse Doctor

Date of Birth: 09 / 07 / 54

Membership Class: ....A.....

Tax File Number: 546 135 593

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

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  - 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.
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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 undermentioned persons as my Nominated Dependants:

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF TOTAL BENEFIT
<u>PAYNE</u>	<u>SHARON</u>	<u>WIFE</u>	<u>100</u>

DATED the 6 day of September 1999