

Application for Membership

Name of Fund: Four S Superannuation Fund

Member's Name: Kennedy, Stacy

(Minor's Name if on behalf of minor)

Address:

4 Heatherton Street

Robina QLD 4226

Date of Birth: 22/09/1962

Occupation:

Telephone:

Fax:

Tax File Number: 170 028 631

Contributing Employer(s):

I hereby apply to become a Member of the abovementioned Fund.

* I apply as the parent or guardian of and on behalf of the minor referred to above.
(Delete if inapplicable)

I understand that my membership is subject to terms and conditions specified in the Trust Deed governing the Fund.

This application is accompanied by a Product Disclosure Statement.

I nominate and agree to the Trustee named in the Deed acting as Trustee.

I have received from the Trustee a notice containing information needed for the purpose of understanding the main features of the Fund, its management and financial condition and investment performance. (The Trustee must attach these if the Member is joining at a time other than when the fund is established).

Signed: 

Dated: 28-5-08