

LAWTON SUPER FUND

APPLICATION FOR MEMBERSHIP

Member Details	
Name:	Alan Maurice Lawton
Address:	151 Wanda Road MOUNT GRAVATT QLD 4122
Date of Birth:	9 March 1957
Amount of deposit:	
Tax file number:*	482 645 742

*see important information over page

I hereby apply to become a member of the Lawton Super Fund.

I acknowledge receipt of a current Product Disclosure Statement in respect of the Fund, supplied with this Application.

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

I agree, upon acceptance of my membership to:

1. be bound by the terms of the deed and all of the rules of the Fund;
2. be bound by all decisions of the trustee including decisions that may impact upon my membership benefits provided those decisions are made in accordance with the rules of the fund, the superannuation laws and the trustee laws;
3. provide information to the trustee where required including medical information enabling the trustee to facilitate any death or disablement insurance on my behalf;
4. provide my tax file number to the trustee provided the trustee abides by the laws relating to the collection and dissemination of my tax file number;
5. consent to the trustee to hold that information despite anything to the contrary in the privacy legislation;
6. provide the trustee, within a reasonable period of time a detailed death benefit plan that may include a binding death benefit nomination;
7. ensure that at the time of making any super contributions, transfers or rollovers that those contributions, transfers and rollovers are made in accordance with the superannuation laws;
8. notify the trustee where I become disabled, retired, have reached preservation age or meet some other condition of release of my benefits from the preservation rules.
9. notify the trustee where I become separated from my spouse, if I have one and the separation is deemed by either spouse to be irreconcilable.

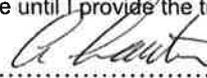
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I nominate the following dependants (spouse or children) to be entitled to any benefit that I may have in the Fund upon my death:

Name	Relationship	% of Benefit
ROS LAWTON	WIFE	100 %

The above is in place until I provide the trustee with a detailed death benefit plan as noted at 6 above.

Signed


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Alan Maurice Lawton

Dated

14/3/18
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