

# Application for membership

## The Knispel Family Superannuation Fund

I, **Andrew Paul Knispel** of **19a Hewitt Avenue, WAHROONGA NSW 2076** am the director of **A & S Knispel Pty Ltd ACN 160 627 154** ('the trustee') the trustee for the Fund. I hereby apply for membership of **The Knispel Family Superannuation Fund** and consent to becoming a Member of it. I confirm that I am not aware of any impediments to this application and acknowledge that I have read the Product Disclosure Statement including any other information provided to me.

I agree that upon acceptance of my membership to:

1. be bound by the terms of the Deed and the Rules of the Fund;
2. be bound by all decisions of the Trustee that were made in accordance with the Rules of the Fund, the superannuation laws and the trustee laws;
3. provide information to the Trustee where required, e.g. medical conditions;
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 any Superannuation contributions, transfers or rollovers are made in accordance with the superannuation laws at that time;
8. notify the Trustee where I have become disabled, retired, attained preservation age or met some other condition of release; and
9. notify the Trustee where I have become separated from my Spouse that is deemed irreconcilable, if I have one.

Date of Birth: 23 / 04 / 1977

Tax File Number: 201 623 997

Executed by:

  
.....  
**Andrew Paul Knispel**

04 / 10 / 12  
Date

# Application for membership

## The Knispel Family Superannuation Fund

I, **Sarah Lyndsay Knispel** of **19a Hewitt Avenue, WAHROONGA NSW 2076** am the director of **A & S Knispel Pty Ltd ACN 160 627 154** ('the trustee') the trustee for the Fund. I hereby apply for membership of **The Knispel Family Superannuation Fund** and consent to becoming a Member of it. I confirm that I am not aware of any impediments to this application and acknowledge that I have read the Product Disclosure Statement including any other information provided to me.

I agree that upon acceptance of my membership to:

1. be bound by the terms of the Deed and the Rules of the Fund;
2. be bound by all decisions of the Trustee that were made in accordance with the Rules of the Fund, the superannuation laws and the trustee laws;
3. provide information to the Trustee where required, e.g. medical conditions;
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 any Superannuation contributions, transfers or rollovers are made in accordance with the superannuation laws at that time;
8. notify the Trustee where I have become disabled, retired, attained preservation age or met some other condition of release; and
9. notify the Trustee where I have become separated from my Spouse that is deemed irreconcilable, if I have one.

Date of Birth: 02 / 04 / 1981

Tax File Number: 391 553 048

Executed by:



Sarah Lyndsay Knispel

04 / 10 / 12  
Date