

Application For Membership
Of
Walker Superannuation Fund

I, David Walker

of, 156 Didbrook Street, ROBERTSON QLD 4109

Date of Birth 18 July 1966

Apply for membership in the above mentioned Fund upon the terms and conditions in the Trust Deed governing the Fund.

I advise as follows:

- I agree that I will be bound by the Deed governing the Fund;
- I understand the terms and conditions of the Deed; and
- I appoint the Trustees as my attorneys to do everything permitted by the Deed.

Beneficiary Direction

I direct the Trustees that the following person(s) are to receive the benefit payable in the event of my death.

Please Complete

<u>PERSON</u>	<u>RELATIONSHIP TO</u> <u>MEMBER</u>	<u>PROPORTION OF</u> <u>DEATH BENEFIT</u>


DW/
Applicant's Signature

x 13/2/08
Date

x
Witness

Walker Superannuation Fund

Important information about providing your tax file number to the fund

Before you tell us your Tax File Number (TFN) you need to know the following information. The fund is obliged to request your TFN under the Superannuation Industry (Supervision) Act 1993. Your TFN is confidential and it is not an offence not to provide it.

If you quote your TFN it will be used for legal purposes only. The purposes may change in the future and currently include using your TFN to:

- search for other benefits that may exist for you in the fund;
- calculate reduced tax rates on eligible termination payments (ETPS) when benefits are paid;
- report payments to ATO for reasonable benefit limits (RBL) purposes;
- report contributions to ATO for contributions tax (surcharge) purposes which may not otherwise be subject to the surcharge;
- pass to other regulated superannuation funds, ADFs and RSAs should your benefits be rolled over. You may revoke this authority later in writing;
- pass on with other details should you become lost and your benefits are paid to the ATO as unclaimed money.

Your failure to quote a TFN, may result in the following:

- * Other benefits existing for you in the fund may be more difficult to locate and amalgamate;
- * Higher tax rates apply to ETPs paid to you. (This may be recovered with lodgement of your next tax return);
- * Your benefits may be subject to an extra 15% contribution tax (surcharge). This may be reclaimed on application to the ATO;
- * Your TFN will not be passed to other regulated superannuation funds, ADFs and RSAs should your benefits be rolled over;
- * Your benefits may be more difficult to locate should benefits be paid to the ATO as unclaimed money.

QUOTATION OF MEMBER'S TAX FILE NUMBER TO REGULATED SUPERANNUATION FUND

To Trustee of Walker Superannuation Fund.

I have been informed of the reasons why my TFN is sought by the fund.

My TFN is: DW X

My name is: DW X Dano Walker

My signature: ^{SIGN} DW X 

Date: X 15/2/08

Application For Membership
Of
Walker Superannuation Fund

I, Bernadette Walker

of, 156 Didbrook Street, ROBERTSON QLD 4109

Date of Birth 18 February 1965

Apply for membership in the above mentioned Fund upon the terms and conditions in the Trust Deed governing the Fund.

I advise as follows:

- I agree that I will be bound by the Deed governing the Fund;
- I understand the terms and conditions of the Deed; and
- I appoint the Trustees as my attorneys to do everything permitted by the Deed.

Beneficiary Direction

I direct the Trustees that the following person(s) are to receive the benefit payable in the event of my death.

Please Complete

<u>PERSON</u>	<u>RELATIONSHIP TO MEMBER</u>	<u>PROPORTION OF DEATH BENEFIT</u>

SIGN
BW/X 
Applicant's Signature

X
Date

X
Witness

Walker Superannuation Fund

Important information about providing your tax file number to the fund

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- * Your benefits may be more difficult to locate should benefits be paid to the ATO as unclaimed money.

QUOTATION OF MEMBER'S TAX FILE NUMBER TO REGULATED SUPERANNUATION FUND

To Trustee of Walker Superannuation Fund.

I have been informed of the reasons why my TFN is sought by the fund.

My TFN is: EWX _____

My name is: EWX BERNADETTE WALKER

My signature: SIGN 

Date: X _____