

THE TRUSTEES  
BUCKNALL SUPERANNUATION FUND  
5 MARINA STREET  
SHORNCLIFFE QLD 4017  
Re: Application For Membership

I, the undersigned person, being eligible, hereby apply for admission to membership of the  
BUCKNALL SUPERANNUATION FUND

I undertake as follows:

- (i) I will be bound by the Trust Deed governing the Fund as it is presently constituted or as it may be varied from time to time.
- (ii) I understand the terms and conditions of the Trust Deed including benefits payable to Members and understand my rights and the rights of my dependants pursuant to the Trust Deed.

My personal details and my employer(s) details are attached.

I hereby acknowledge that the discretion vested in you by Rule 12.2 of the Fund is an absolute free and unfettered discretion but I express the wish that in the exercise of such discretion you give consideration to paying any death benefit in the following proportions:-

Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	Proportion of Death Benefit
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

I understand that the trustee is required to request that I provide my tax file number for the purposes of the Income Tax Assessment Act. I further understand that I am under no obligation to supply this number, but that should I fail to do so, tax may be deducted at a higher rate from my account.

My tax file number is: .....-.....-.....

4th February, 2014

Yours faithfully,

.....  
MARK WILLIAM BUCKNALL

**EMPLOYEE'S PERSONAL AND EMPLOYMENT DETAILS**

Full Name: MARK WILLIAM BUCKNALL  
Address: 5 MARINA STREET  
SHORNCLIFFE QLD 4017  
D.O.B.: 9th August, 1956

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Salary: \$  
Employer:  
Address:

Date Employment Commenced:        /        /