

## Stuart Grant Superannuation Fund MEMBERSHIP APPLICATION FORM

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To the Trustees of the  
Stuart Grant Superannuation Fund

### Member Details

Name: Stuart Alan Grant  
Address: 62 Grendon Street  
North Mackay QLD 4740  
Date of Birth: 17/06/1968  
Occupation:  
Date Employment  
Commenced:  
Salary:  
Telephone:  
Fax:  
\*Tax File Number:

### Employer Details

Name of Employer:  
Address:

### Member's Application, Acknowledgement and Authorisation

1. I hereby apply to become a Member of the Stuart Grant Superannuation Fund.
2. I acknowledge receipt of a current Product Disclosure Statement in respect of the Fund, supplied prior to or with this Application;
3. I understand that my Membership is subject to the Deed and agree to be bound by the terms and conditions in the Deed.
4. I understand my rights and the terms and conditions of the Trust Deed including benefit payable to Members and the rights of dependants.
5. \* For the purposes of section 299F of the *Superannuation Industry (Supervision) Act 1993* (Cth), I understand that the Trustee must request that I provide my Tax File Number. I acknowledge that I am under no obligation to supply my Tax File Number but that failure to do so may result in tax being deducted from my account at the top marginal rate.

Dated this 9th day of July, 20

Signed:   
Stuart Alan Grant