

_____ (name of SMSF)

Member Application

___/___/_____ (date)

_____ (name of Member)

_____ (address of Member)

___/___/_____ (date of birth of Member)

I apply to become a member of this fund

I will comply with the Trust Deed

I am not in an employment relationship with another member (not applicable for family members)

I am not a disqualified person under superannuation law

I will act as Trustee of this fund

Signature _____