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INSTRUCTION SHEET FOR SUPERANNUATION FUND

1. TRUSTEE

Please provide full name, address and occupation or registered company name, ACN and registered office:

2. DIRECTORS OF TRUSTEE

Please provide full name, address of the Directors of the Trustee Company.

1. _____
2. _____

3. COMMENCEMENT DATE

4. MEMBER/S

Please provide full name, address and occupation and state whether employed or self employed.

5. MEMBER'S DATE/S OF BIRTH

1. _____
2. _____

6. NAME OF CONTRIBUTING EMPLOYER (If any)

If the employer is a company please provide registered company name, ACN and registered office. If the employer is a business provide name of employer and trading name.

7. NAME OF FUND

8. DESIGNATED BENEFICIARIES

(a) Provide full name and address of any beneficiaries who will receive the Member's entitlement in the event of death:

(b) If to be in accordance with Last Will & Testament.
