

## APPLICATION FOR MEMBERSHIP

*ST. GEORGE KART CENTRE PTY. LTD.*      **Superannuation Fund**  
**RETIREMENT FUND**

**Personal Details**

SCHEDULE

Full Name in BLOCK LETTERS <i>ADELE PHILLIS DELL</i>	Date of Birth 6.....1...61.....46 Birth Certificate herewith will be submitted
Address in BLOCK LETTERS <i>525 MARION STREET, GEORGES HALL</i>	SEX — <del>Male</del> /Female MARITAL STATUS: Married/Single/Divorced/Widowed <del>XXXXXX</del>
Details of present state of health <i>GOOD</i>	

I, the person named in the above Schedule, hereby apply for membership of your Fund and agree that upon my admission, I shall thereby and thereupon be deemed to be bound by the Trust Deed governing the Fund. I acknowledge having already sighted the Deed and of having received a written copy of Members' Benefit rights thereunder.

My employment details are as follows:

**Employment Details**

Name of Company: <i>ST. GEORGE KART CENTRE PTY. LTD.</i>	Date of commencement of employment. 1.....1...7.....72
Office held in Company: <i>DIRECTOR</i>	Dates of any previous employment with Company: .....

Delete as appropriate | ~~XXXX~~ I am not a member of another superannuation fund, details being as follows:

**Other Funds**

Name(s) of other Fund(s) (1) ..... (2) ..... (3) .....		
Membership (1) ..... years (2) ..... years (3) ..... years	Anticipated Amount of Future Annual Contributions (1) ..... (2) ..... (3) .....	Current Amount of Benefit (1) ..... (2) ..... (3) .....

Should I, at any future time, whilst remaining a member of your Fund, become a member of any other Superannuation Fund I shall immediately furnish to you with details thereof.

**Nominated Beneficiaries**

A separate Statement setting out my desires concerning the payment of Benefits to Dependents is set out on the back hereof.

Dated <i>1</i> / <i>6</i> / 19 <i>82</i>	Signature of Applicant <i>A. P. Dell</i>
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**DESIGNATED BENEFICIARY FORM**

I declare that, in the event of my death or other incapacity, it is my wish that the Trustees of this Fund exercise all or any discretions they may have as regards the payment of Benefits from such Fund to my Dependants, as set out hereunder.

AND I further declare that this Statement expresses only my wishes and is to be regarded only as a guide to the Trustees whose discretions are accepted by me as being governed entirely by the Trust Deed and that consequently this Statement is not to have or deemed to have any legal significance.

Name	Address	Relationship to Member	Proportion of Benefit
<i>PURSUANT TO LAST WILL AND TESTAMENT</i>			

Dated: *1* / *6* / 19*82*          Signature of Applicant: *A. P. Dell*

**Note:** Under the terms of the Trust Deed, 'Dependant' means the wife, husband, widow, widower, child or children or any adopted child or children of a member at the time of his death or at the time when he ceases to be a member. Any designated beneficiary must be a dependant of a member, nominated in a manner approved by the Trustee(s) as a person to whom that member desires to be paid in the event of his death or other incapacity, either the whole or such portion as he may specify in that nomination of the benefit which would otherwise have been paid to him under the Deed. A new nomination may be made at any time with the approval of the Trustee(s).

**OFFICE USE ONLY**

**THIS APPLICATION** was submitted to a meeting of the Trustee(s) of the above Fund on the day of    19    and was approved/refused.

Dated this    day of    19    for and on behalf of the Trustee(s)

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