

APPLICATION FOR MEMBERSHIP

Of

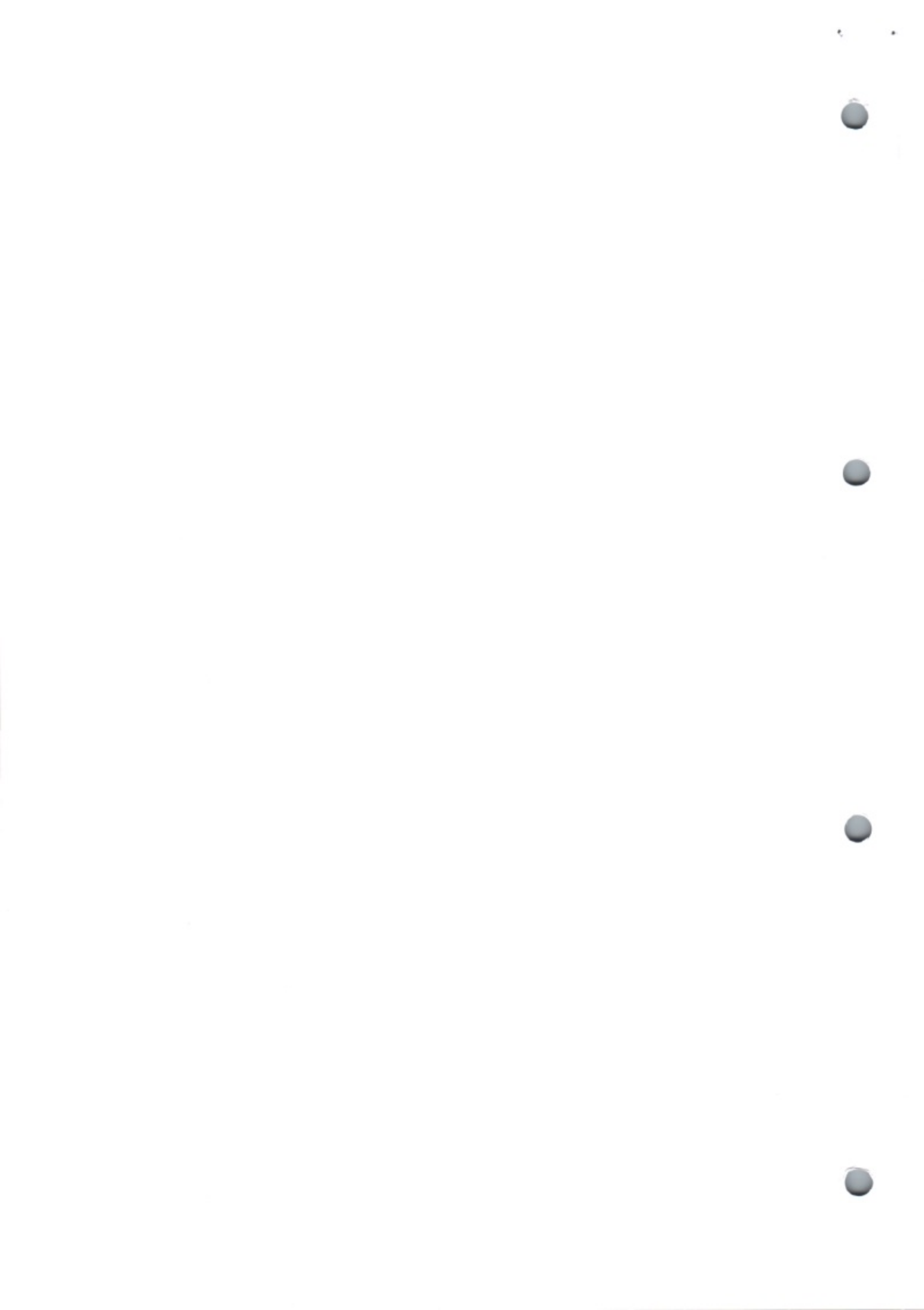
WATERS SUPERANNUATION FUND ("the Fund")

- 2. I, Rosemary Valerie WATERS, of 17 Waterside Drive, Mandurah W.A. 6210 hereby apply for membership of the Fund which is administered in terms of the Trust Deed governing the Fund.
- 2. I have been advised in writing of the benefits which I will be entitled to receive from the Fund on joining the Fund, in the event of my retirement, death, disablement or termination of service with my Employer, the method of determining those benefits and any conditions relating to those benefits.
- 3. I acknowledge receipt of the Product Disclosure Statement for the Fund.
- 4. In consideration of my admission to membership, I agree to abide by and be bound by the provisions of the Trust Deed governing the Fund.
- 5. I authorise my current employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself, the Trustee and my Employer as contributions to be made by me to the fund (Delete if inapplicable).
- 6. I agree to Bryan Maurice WATERS and myself acting as Trustees of the Fund.
- 7. Nomination of Beneficiaries

Whilst I acknowledge the discretion the Trustees has to determine who the benefit is paid to, I nominate the following persons to receive the benefit payable by the Trustee in the event of my death:

PERSON	RELATIONSHIP	PERCENTAGE
Brian Waters	Husband	100 %
		%
		%
		%

- 8. I hereby authorise the Trustee, in the event of my termination of employment, to transfer any benefit payable to me but which cannot be paid to me on my termination of employment (a preserved benefit) to a fund nominated by me in writing to the Trustee at the time of my termination of employment, or, if I fail to make such a nomination immediately after termination of employment, to the _____ Fund.



If a fund nominated above is not, in the opinion of the Trustee available or appropriate for such a transfer to be made to it or if a fund is not nominated above, or if I fail to nominate a fund to which the transfer can be made immediately after my termination of employment, I understand that the effect of the Trust Deed is that the Trustee can pay the benefit to any eligible rollover fund for my benefit. Until the Trustee decides otherwise, the eligible rollover fund to which any such payment would be made is:

.....

and the address of which is:

.....

Date:

~~15-3-06~~ 15-3-06

Applicant's Signature:

R. WATKINS

Witness:

Natasha Patton

