

**APPLICATION FOR MEMBERSHIP  
OF THE  
LATTO SUPER FUND**

Full Name: PAUL JUSTIN LATTO  
 Address: 21 WARRIGAL STREET PARA HILLS SA 5096  
 Date of Birth: 28/7/1966 Sex: Male

I hereby apply to become a member in category ordinary of the abovementioned Fund which is administered in terms of a Trust Deed dated the

I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death or termination of service with my Employer.

In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the abovementioned Trust Deed and I declare I am not entitled to a deferred annuity and I am not a member of any other superannuation fund or approved deposit fund nor have I received benefits from any such fund, other than the following:-

\* I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.


**NOMINATION OF BENEFICIARIES**

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

Name and Address	Relationship to member	Proportion of benefit
SHARYN LATTO 21 WARRIGAL ST PARA HILLS 5096	WIFE	100 %
.....	.....	..... %

Dated this

Signature of Applicant: 

Witness:   
 JAMES DAVID LATTO