

SCHEDULE C

APPLICATION FOR MEMBERSHIP

To The Trustee of the Fund


From: x ROSEMARY EAYE FRITZ
(Employee's name in full)

I apply to become a Member of the abovenamed superannuation fund on the terms and conditions specified in the Trust Deed for the time being governing the Fund.

I understand that my Employer will deduct from my salary such amounts as are required to provide my contributions to the Fund and will pay those amounts to the Trustee of the Fund.

COLIN JOHN FRITZ ~~FRITZ~~ - ROSEMARY EAYE FRITZ

I acknowledge my acceptance [trustee's name] as Trustee(s) of the Fund.

Signature: x 

NOMINATED BENEFICIARY*

I wish to advise the Trustee of the Fund that my Nominated Beneficiary(ies) under the Fund is/are as follows

Name in Full (Date of Birth)	Relationship to Member	Full Postal Address	Share of Benefit (if under 18)**
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I understand that the payment of any Death Benefit by the Fund will be at the absolute discretion of the Trustee and that this nomination is not to be treated as a direction

* Completion of this section is optional

** Show percentage of death benefits to be taken by each beneficiary.

SCHEDULE C

APPLICATION FOR MEMBERSHIP

To The Trustee of the Fund

From: COLIN JOHN FRITZ
(Employee's name in full)

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I understand that my Employer will deduct from my salary such amounts as are required to provide my contributions to the Fund and will pay those amounts to the Trustee of the Fund.

COLIN JOHN FRITZ & ROSEMARY FAYE FRITZ
I acknowledge my acceptance [trustee's name] as Trustee(s) of the Fund.

Signature: 

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