

## APPLICATION FOR MEMBERSHIP

Name of Fund: THE MG & CA SANT FAMILY SUPERANNUATION FUND

### Personal Details of Applicant:

Surname: SANT

Given Names: DAMIAN MICHAEL

Sex: M (M/F)

Date of Birth: 11 / 07 / 1979 (Day / Month / Year)

Date Joined Employer: 01 / 07 / 1995

Current Yearly Salary: \$18379

### Declarations by Applicant

I have been provided with written information regarding the Fund and my entitlements to benefits from it.

I have been informed of the identity of the Trustee.

I acknowledge that the Trustee has asked me to provide my Tax File Number and I have been made aware of the current lawful purposes for which it can be used.

I understand that any benefits to be provided under insurance policies will be subject to my submitting whatever medical evidence is required by the Trustee and to the terms on which the insurer appointed by the Trustee is prepared to offer cover.

I hereby apply to become a Member of the Fund and agree to be bound by the provisions of the Governing Rules of the Fund.

Signature: <sup>DS</sup>  Date: 26 / 6 / 97

Witness: 

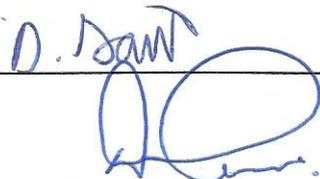
## NOMINATION OF BENEFICIARY

I hereby nominate the following persons as beneficiaries in respect of any benefit payable from the Fund on my death:

Name and Address	Relationship	Proportion
<u>MICHAEL SONT</u>	<u>FATHER</u>	<u>50%</u>
<u>CHRISTINE SONT</u>	<u>MOTHER</u>	<u>50%</u>
_____	_____	_____

X  
Please  
complete  
details

This nomination completely cancels any other nomination made by me.  
 I understand that the Trust Deed governing the Fund provides the Trustee with a discretionary power in deciding to whom death benefits will be paid.  
 This nomination is an expression of my wishes and is not binding on the Trustee.

Signature: <sup>x D.S.</sup>  Date: 27 / 3 / 98

Witness: \_\_\_\_\_

## REQUEST FOR TRANSFER OF BENEFIT

To: The Trustees of the  
 \_\_\_\_\_  
 (Name of Previous Fund)

I hereby request that the value of my interest in the Previous Fund be transferred to the \_\_\_\_\_ and agree that on completion of such transfer the trustees of the Previous Fund shall be discharged from all liabilities in respect of my interest in the Previous Fund.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness: \_\_\_\_\_

## APPLICATION FOR MEMBERSHIP

Name of Fund: THE MG LCA SANT FAMILY SUPERANNUATION FUND

### Personal Details of Applicant:

Surname: SANT

Given Names: MARK

Sex: M (M/F)

Date of Birth: 19 / 10 / 1983 (Day / Month / Year)

Date Joined Employer: 01 / 07 / 1996

Current Yearly Salary: \$5000

### Declarations by Applicant

I have been provided with written information regarding the Fund and my entitlements to benefits from it.

I have been informed of the identity of the Trustee.

I acknowledge that the Trustee has asked me to provide my Tax File Number and I have been made aware of the current lawful purposes for which it can be used.

I understand that any benefits to be provided under insurance policies will be subject to my submitting whatever medical evidence is required by the Trustee and to the terms on which the insurer appointed by the Trustee is prepared to offer cover.

I hereby apply to become a Member of the Fund and agree to be bound by the provisions of the Governing Rules of the Fund.

Signature: <sup>x Mark S.</sup>  Date: 26 / 3 / 97

Witness: 

## NOMINATION OF BENEFICIARY

I hereby nominate the following persons as beneficiaries in respect of any benefit payable from the Fund on my death:

Name and Address	Relationship	Proportion
<u>MICHAEL SANTI</u>	<u>FATHER</u>	<u>50%</u>
<u>KRISTINE SANTI</u>	<u>MOTHER</u>	<u>50%</u>
_____	_____	_____

X Complete Details

This nomination completely cancels any other nomination made by me. I understand that the Trust Deed governing the Fund provides the Trustee with a discretionary power in deciding to whom death benefits will be paid. This nomination is an expression of my wishes and is not binding on the Trustee.

Signature: M. Santi Date: 27 / 3 / 98

Witness: \_\_\_\_\_

## REQUEST FOR TRANSFER OF BENEFIT

To: The Trustees of the

\_\_\_\_\_ (Name of Previous Fund)

I hereby request that the value of my interest in the Previous Fund be transferred to the \_\_\_\_\_ and agree that on completion of such transfer the trustees of the Previous Fund shall be discharged from all liabilities in respect of my interest in the Previous Fund.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness: \_\_\_\_\_

## APPLICATION FOR MEMBERSHIP

Name of Fund: MG & CA SANT FAMILY SUPERANNUATION FUND

### Personal Details of Applicant:

Surname: SANT

Given Names: CHRISTINE ANNE

Sex: F (M/F)

Date of Birth: 29 / 3 / 1957 (Day / Month / Year)

Date Joined Employer: 01 / 07 / 1996

Current Yearly Salary: \$20500

### Declarations by Applicant

I have been provided with written information regarding the Fund and my entitlements to benefits from it.

I have been informed of the identity of the Trustee.

I acknowledge that the Trustee has asked me to provide my Tax File Number and I have been made aware of the current lawful purposes for which it can be used.

I understand that any benefits to be provided under insurance policies will be subject to my submitting whatever medical evidence is required by the Trustee and to the terms on which the insurer appointed by the Trustee is prepared to offer cover.

I hereby apply to become a Member of the Fund and agree to be bound by the provisions of the Governing Rules of the Fund.

Signature:  Date: 23 / 6 / 1997

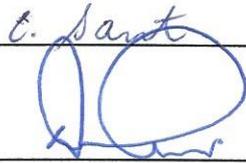
Witness: \_\_\_\_\_

## NOMINATION OF BENEFICIARY

I hereby nominate the following persons as beneficiaries in respect of any benefit payable from the Fund on my death:

Name and Address	Relationship	Proportion
<u>MICHAEL SANT.</u>	<u>SPOUSE</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

This nomination completely cancels any other nomination made by me. I understand that the Trust Deed governing the Fund provides the Trustee with a discretionary power in deciding to whom death benefits will be paid. This nomination is an expression of my wishes and is not binding on the Trustee.

Signature: <sup>C.S.</sup>  Date: 27 / 3 / 198.

Witness: \_\_\_\_\_

X  
Please  
Complete  
Details.

## REQUEST FOR TRANSFER OF BENEFIT

To: The Trustees of the

\_\_\_\_\_  
(Name of Previous Fund)

I hereby request that the value of my interest in the Previous Fund be transferred to the \_\_\_\_\_ and agree that on completion of such transfer the trustees of the Previous Fund shall be discharged from all liabilities in respect of my interest in the Previous Fund.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness: \_\_\_\_\_

## APPLICATION FOR MEMBERSHIP

Name of Fund: MG & CA SANT FAMILY SUPERANNUATION FUND

### Personal Details of Applicant:

Surname: SANT

Given Names: MICHAEL GERARD

Sex: M (M/F)

Date of Birth: 18 / 2 / 1953 (Day / Month / Year)

Date Joined Employer: 01 / 07 / 1996

Current Yearly Salary: \$20 800

### Declarations by Applicant

I have been provided with written information regarding the Fund and my entitlements to benefits from it.

I have been informed of the identity of the Trustee.

I acknowledge that the Trustee has asked me to provide my Tax File Number and I have been made aware of the current lawful purposes for which it can be used.

I understand that any benefits to be provided under insurance policies will be subject to my submitting whatever medical evidence is required by the Trustee and to the terms on which the insurer appointed by the Trustee is prepared to offer cover.

I hereby apply to become a Member of the Fund and agree to be bound by the provisions of the Governing Rules of the Fund.

Signature:  Date: 23 / 6 / 97

Witness: 

## NOMINATION OF BENEFICIARY

I hereby nominate the following persons as beneficiaries in respect of any benefit payable from the Fund on my death:

Name and Address	Relationship	Proportion
<u>CHRISTINE SANT</u>	<u>WIFE</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

This nomination completely cancels any other nomination made by me.  
 I understand that the Trust Deed governing the Fund provides the Trustee with a discretionary power in deciding to whom death benefits will be paid.  
 This nomination is an expression of my wishes and is not binding on the Trustee.

Signature: <sup>x M.S.</sup> M J Sant Date: 27 / 3 / 98.

Witness: [Signature]

X  
Please  
Complete  
Details

## REQUEST FOR TRANSFER OF BENEFIT

To: The Trustees of the

\_\_\_\_\_  
 (Name of Previous Fund)

I hereby request that the value of my interest in the Previous Fund be transferred to the \_\_\_\_\_ and agree that on completion of such transfer the trustees of the Previous Fund shall be discharged from all liabilities in respect of my interest in the Previous Fund.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness: \_\_\_\_\_