

APPLICATION FOR MEMBERSHIP

of

Wingnuts Super Fund

Full Name: Linda Wallen AMERY

Address:- 14 Longfellow Road Gooseberry Hill WA 6076

Occupation:- Systems Administrator

Date of Birth: 13/03/1957 Sex: Female

- I hereby apply to become a member in the abovementioned Fund.
- 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 Trust Deed governing the Fund and I declare that I am not entitled to a deferred annuity.

Tick whichever is applicable:-



I am NOT a member of any other superannuation fund or approved deposit fund nor have I received benefits from any such fund.



I am a member of the following superannuation fund or approved deposit fund and have received benefits from the following funds:- (Full details to be provided to Trustee)

(a)

(b)

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. (Delete if not applicable)

My tax file number is 159011771 and I hereby authorise my Trustee(s) to use this tax file number for the purposes of administering the Fund and the payment of my benefits.

NOMINATION OF BENEFICIARIES:

In the event of my death it is my wish that my benefits shall be paid to the person(s) and in the proportions stated in the Nomination Table below.


Applicant/Member


Witness 1

.....
Witness 2

NOMINATION TABLE

Name and Address	Relationship to Member	Proportion of benefit
Richard James Amery	husband	100 %
		%
		%
		%
		%

BINDING BENEFICIARY NOMINATION:

The above nomination to be a binding beneficiary nomination binding the trustee to pay the benefits as prescribed above **YES / NO**

- Circle which is applicable. If YES Proceed to Execution Box A. The applicant and witnesses should also sign at the foot of each page.
- If NO, Proceed to Execution Box B.
- **If no election made, the default response shall be NO.**
- Please read the following table carefully concerning the type of nomination.

Binding Beneficiary Nomination	Non-Binding Beneficiary Nomination
<p>A valid properly executed binding beneficiary nomination is binding on the Trustee(s). This means that unless the death benefits as nominated by you would be contrary to the legislation regulating your benefits, the trustee(s) is/are bound to pay the death benefits as per your nomination. Please note that you may elect to have your nomination lapse by effluxion of time (Lapsing Nomination) or your nomination may not expire by reason of effluxion of time (Non-Lapsing Nomination) The trust deed and rules for the fund also provide that a binding beneficiary nomination expires in the event a Member divorces a beneficiary who was a nominated spouse under the binding beneficiary nomination form (ie. upon the decree nisi for such marriage being made).</p>	<p>The Trustee may take into account your wishes but is not bound by your nomination.</p>
<p>Advantages:-</p> <ul style="list-style-type: none"> • Certainty for estate planning purposes. • Nomination may be varied through the provision of a new form of binding beneficiary nomination to the Trustee(s) executed in accordance with the requirements of the Superannuation Industry (Supervision) Act legislation. 	<p>Advantages:-</p> <ul style="list-style-type: none"> • Trustee(s) may exercise discretion at the relevant time for payment of the benefits which is tax effective. A person who was previously a dependant may no longer be a dependant and so the benefits may be taxed at the highest rates.

.....
L.W. Amery
 Applicant/Member

.....
Mark
 Witness 1

.....
 Witness 2

Disadvantages:- <ul style="list-style-type: none">• Costly taxation consequences where a person who was a dependant at the time of the binding beneficiary nomination is no longer a dependant when the nomination takes effect.	Disadvantages:- <ul style="list-style-type: none">• No certainty for payment of benefits in conformity with wishes of the Member because the Trustee(s) has/have a discretion for the application of the benefits.
A PERSON SHOULD OBTAIN PROFESSIONAL ADVICE CONCERNING THE NOMINATION OF BENEFICIARIES INCLUDING THE TYPE OF BENFICIARY NOMINATION FORM TO BE PROVIDED.	

EXECUTION BOX A : FOR BINDING BENEFICIARY NOMINATION

(a) I hereby direct the trustee(s) upon my death to pay death benefits payable upon my death to the beneficiary or beneficiaries referred to in the Nomination Table referred to above in the proportions also referred to in such Nomination Table.

(b) I acknowledge that the Trustee is not bound to pay death benefits contrary to the Superannuation Industry (Supervision) Act 1993 and the Regulations made thereunder (SIS Legislation) notwithstanding any nomination referred to in (a) above to the contrary and any such nomination contrary to the said SIS Legislation shall act as a non-binding nomination insofar as such nomination is capable of being severed from the valid nomination(s).

(c) My nomination referred to in (a) above shall automatically lapse three (3) years from the date of my binding beneficiary nomination : **YES or NO** (circle which is applicable). (If you have not circled an indicated preference - the default response shall be NO.

(d) If "NO" is the response for (c) above I acknowledge that my Binding Beneficiary Nomination shall not lapse by reason of effluxion of time.

Dated this 18th day of April, 2012.

Signed by the Applicant/ Member **in the sight and presence of the following two adult witnesses who are not nominated persons referred to above.**

) LW Amery
)
) *Applicant/Member*

Melanie Clark
.....
Witness 1: (Print Name)

[Signature]
.....
Witness (Signature)

6A Meriton St. Victoria Park
.....
Address of Witness

.....
Witness 2: (Print Name)

.....
Witness (Signature)

.....
Address of Witness

[Signature] *Applicant/Member*

[Signature] *Witness 1*

..... *Witness 2*

EXECUTION BOX B: FOR NON – BINDING BENEFICIARY NOMINATION

- (a) I hereby request the trustee(s) upon my death to pay death benefits payable upon my death to the beneficiary or beneficiaries referred to in the Nomination Table referred to above in the proportions also referred to in such Nomination Table.
- (b) I acknowledge that the Trustee is not bound to pay death benefits upon my death in accordance with my request referred to in (a) above and that the direction provided herein is a non-binding nomination which enables the trustee(s) to pay the death benefits at their discretion in accordance with the superannuation trust deed and rules.

Dated this day of, 20 .. .

Signed by the Applicant/ Member **in the presence of :**)
Applicant/Member

.....
Witness (Print Name)

.....
Address of Witness

LW Amery *[Signature]*
Applicant/Member Witness 1 Witness 2