

APPLICATION FOR MEMBERSHIP

OF

STILES SUPERANNUATION FUND

("the fund")

1. I, Trevor Stiles, date of birth 15/06/1947, of Stiles Superannuation Fund apply for membership of the Fund on the 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 in the event of my retirement, death or termination of employment with by Employer, the method of determining those benefits and any conditions relating to those benefits.
3. In consideration of my admission to membership, I agree to abide by and be bound by the Trust Deed governing the Fund as if I were a party to the Trust Deed.
4. I 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 Fund
5. **NOMINATION OF BENEFICIARIES**  
Whilst I acknowledge the discretion the Trustee has to determine who the benefit is paid to, I nominate the following persons to receive the benefit payable by the Trustee of the Fund in the event of my death:-

PERSON	RELATIONSHIP	PERCENTAGE
Louise STILES	WIFE	100%

6. I 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 nomination within sixty (60) days of the date of my termination of employment, to a fund chosen by the Trustee. If a fund which I nominate is not, in the opinion of the Trustee, available or appropriate for such a transfer to be made to it or if I do not nominate a fund, or if I fail to nominate a fund to which the transfer can be made within sixty (60) dates of my termination of employment, I understand that the effect of the Trust Deed is that the Trustee can, if my benefit is not able to be paid to me within ninety (90) days after I have become entitled to it, pay the benefit to an eligible rollover fund.

DATE: 19, 12, 1995

APPLICANTS SIGNATURE: 

WITNESS (NAME): Alannah Browne

WITNESS'S SIGNATURE: 