

APPLICATION FOR MEMBERSHIP

CONFIDENTIAL

TO: THE TRUSTEE *S, L SCHERMA SUPERANNUATION FUND*

I, the undersigned person, being eligible hereby apply for admission to membership of the Fund. I agree and undertake as follows:

- (a) I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
- (b) I will upon request make full disclosure in writing of any benefits I have received, may receive or may be entitled to received from any other Superannuation Fund, Approved Deposit Fund Roll Over Annuity or Employer.
- (c) I understand the terms and conditions of the Trust Deed and more particularly the terms and conditions of Division B of the Deed concerning Benefits payable.
- (d) I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Deed.
- (e) I consent to the Trustee acting as Trustee of the Fund
- (f) I declare that to the extent that I have completed the Attachment, the information contained is accurate in every respect.

DATED the *10* day of *JUNE* 19*94*

Name:.....SAMUEL SCHERMA.....

Address:.....18 CRENSHAW COURT, PARKWOOD QLD 4214.....

Occupation:.....
MECHANIC.....

Date of Birth:.....*5/8/56*..... Membership Class: ..C.....

NOMINATED DEPENDENT(S)

I nominate the undermentioned persons as my Nominated Dependants:

Surname(s)	Given Name(s)	Relationship	% of Total Benefit
SCHERMA	LOLA	WIFE	<i>80%</i>
SCHERMA	ADRIAN BEAU	SON	<i>20%</i>

SS

.....
(Member's Signature)

APPLICATION FOR MEMBERSHIP

CONFIDENTIAL

TO: THE TRUSTEE *S & L SCHERMA SUPERANNUATION FUND*

I, the undersigned person, being eligible hereby apply for admission to membership of the Fund. I agree and undertake as follows:

- (a) I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
- (b) I will upon request make full disclosure in writing of any benefits I have received, may receive or may be entitled to received from any other Superannuation Fund, Approved Deposit Fund Roll Over Annuity or Employer.
- (c) I understand the terms and conditions of the Trust Deed and more particularly the terms and conditions of Division B of the Deed concerning Benefits payable.
- (d) I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Deed.
- (e) I consent to the Trustee acting as Trustee of the Fund
- (f) I declare that to the extent that I have completed the Attachment, the information contained is accurate in every respect.

DATED the *10* day of *June* 19*94*

Name:.....LOLA SCHERMA.....

Address:.....18 CRENSHAW COURT, PARKWOOD QLD 4214.....

Occupation:.....SECRETARY.....

Date of Birth:.....*24/1/57*..... Membership Class: ..C.....

NOMINATED DEPENDENT(S)

I nominate the undermentioned persons as my Nominated Dependants:

Surname(s)	Given Name(s)	Relationship	% of Total Benefit
SCHERMA	SAMUEL	HUSBAND	<i>80%</i>
SCHERMA	ADRIAN BEAU	SON	<i>20%</i>
..... <i>[Signature]</i> (Member's Signature)			

X LS.