

SCHEDULE B

APPLICATION FOR MEMBERSHIP  
CONFIDENTIAL

TO: THE TRUSTEE  
MANNING FAMILY SUPERANNUATION FUND

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

1. I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
2. I will upon request make full disclosure in writing of any information required by the Trustee in respect of my membership of the Fund including any medical condition.
3. I understand the terms and conditions of the Trust Deed and more particularly the terms and conditions of Divisions B and C of the Deed concerning Benefits payable.
4. I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Deed.
5. I agree to the Trustee acting as Trustee of the Fund.

DATED the FOURTEENTH day of JUNE 19 96

Name: MARGARET MANNING Signature: [Handwritten Signature]

Address: .....

Membership Class: .....

Occupation: MANAGER

Date of Birth: 13-10-1949

NOMINATED DEPENDANT(S)

I nominate the undermentioned persons as my Nominated Dependants:

NAMES	RELATIONSHIP	% OF TOTAL BENEFIT
<u>DOUGLAS MANNING</u>	<u>HUSBAND</u>	

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DATED the FOURTEENTH day of JUNE 19 96

Name: DOUGLAS MANNING Signature: 

Address: 42 SHELLEY ST WANGANUI 4655

Membership Class: .....  
Occupation: MANAGER.....  
Date of Birth: 25.10.1952.....

NOMINATED DEPENDANT(S)

I nominate the undermentioned persons as my Nominated Dependants:

NAMES	RELATIONSHIP	% OF TOTAL BENEFIT
MARGARET MARY MANNING	WIFE	