

MEMBER APPLICATION

Name of Fund: A & L SUPERANNUATION FUND

Personal Details of Applicant

Surname : Lotysz

Given names : Luba

Date of Birth: 15th November 1963

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 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 of 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:/...../.....

Witness: 

MEMBER APPLICATION

Name of Fund: A & L SUPERANNUATION FUND

Personal Details of Applicant

Surname : Mejean

Given names : Alain

Date of Birth: 2nd July 1955

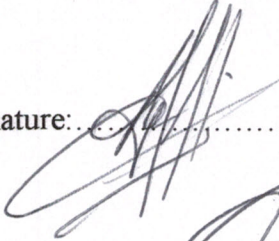
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