## APPLICATION FOR MEMBERSHIP

То:	The Trustee,	CL	CARRACHOL	SUPERANNIAN	0	FNO		
I hereb	y apply for admission	on to mei	mbership of the Fund.					
I agree	and undertake as fo	llows:						
(a)	I understand the terms and conditions of the Trust Deed and I acknowledge I have been informed of my rights and the rights of my Dependants pursuant to the Deed.							
(b)	I will be bound by the provisions of the Deed governing the Fund.							
(c)	I am not nor have been a member of any superannuation fund nor have an interest in any Approved Deposit Fund or Rollover Annuity other than as disclosed on the reverse of this Application.							
(d)	I will make a full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other superannuation fund, Approved Deposit Fund or Roll Over Annuity.							
(e)	I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Deed.							
(f)	I consent to the Trustee acting as Trustee of the Fund.							
(g)	In the event of my death, I nominate the following persons as my Nominated Dependants:- (Note - a nomination is not necessary and if made must be reviewed from time to time.)							
NAME	ADDRESS			RELATIONSHIP		PERCENTAGE OF TOTAL BENEFIT OR FIXED AMOUNT		
Dated the				of Ocrosen		1997		
Name:	UEORGI	1 U	SLEY CARRA	CHEK.				
Address:	198 BUR	uess	ROAD	*				
	CIBUECU	moul	WA 6083					
Signature:		6	2	· .				

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 NAME	ADDRESS	RELATIONSHIP	PERCENTAGE OF TOTAL BENEFTI OR FIXED AMOUNT			
ated the .	30r#	day of OCTOBER	i997			
ame:	JULIE ANNE BE	CCAMY				
ddress:	2/84 M'DOVAL	> STRUET				
	Como WA 6150	)				
2	& Place		÷			
gnature:						