

# Application for Membership

## NEARY SUPERANNUATION FUND

To the Trustees of:

NEARY SUPERANNUATION FUND

I, DEBRA FAYE CUSHING, apply for admission to membership of the Fund and undertake as follows:-

1. I will be bound by the Trust Deed governing the Fund as it is presently constituted or as it may be varied from time to time.
2. I understand the terms and conditions of the Trust Deed including benefits payable to Members and understand my rights and the rights of my dependants pursuant to the Trust Deed.

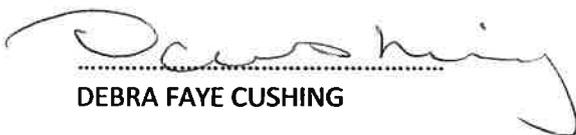
My personal details and those of my employer/s are attached to this application. I acknowledge that the discretion vested in you as to the application of benefits in circumstances where I cannot receive them myself is an absolute, free and unfettered discretion, but I express the wish that in the exercise of that discretion you give consideration to paying any such benefits to the following person, in the following proportions:

Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	Proportion of Benefits
Nigel Cushing	13 Oaklands St Alexandra Hills	Husband	100%

I understand that the Trustee is required to request that I provide my Tax File Number for the purposes of Section 299F of the Superannuation Industry (Supervision) Act 1993. I further understand that I am under no obligation to supply this number, but that should I fail to do so, tax may be deducted from my account at the top marginal rate.

Dated:

Signature



DEBRA FAYE CUSHING

# APPLICATION FOR MEMBERSHIP

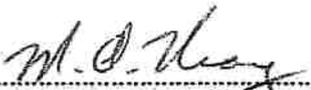
**CONFIDENTIAL**

TO: THE TRUSTEE  
  
THE NEARY 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 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.
- (c) I consent to the Trustee acting as Trustee of the Fund.
- (d) I will notify the Trustee if at anytime I cease to be Gainfully Employed as defined in the Deed.
- (e) I declare that at the time I was given this application for Membership I was also given advice in writing about the benefits to which I would be entitled on joining the Fund, the method of determining that entitlement and the conditions relating to those Benefits.
- (f) I declare that to the extent that I have completed the attachments the information contained is accurate in every respect.
- (g) I declare that I have been provided with a copy of the latest report to Members together with details of the rate of allotment of net earnings to the Fund to the class of membership to which I would belong upon joining the Fund.

Date: 23/6/97

  
Member's Signature

**1. PERSONAL DETAILS**

Name: Surname: <u>NEARY</u>	Given Names: <u>MARK ADAM</u>
Address: <u>25 Allamanda Pl Mt Gravatt East</u>	
Occupation: <u>Director / Rigger</u>	Date of Birth: <u>16/6/72</u>
Home Phone: <u>(07) 33438810</u>	Gender M/F <u>M</u>

**2. NOMINATED DEPENDANT(S)**

I nominate the undermentioned persons as my Nominated Dependants:

SURNAME	GIVEN NAMES	RELATIONSHIP TO MEMBER	% OF TOTAL BENEFIT
<del>NEARY</del>	<del>MARK ADAM</del>	<del>FATHER</del>	<del>33 1/3%</del>
NEARY	BREANNA MAREE	DAUGHTER	33 1/3%
NEARY	TALISA ANN	DAUGHTER	33 1/3%
NEARY	ANNELESE JADE	DAUGHTER	33 1/3%

# APPLICATION FOR MEMBERSHIP

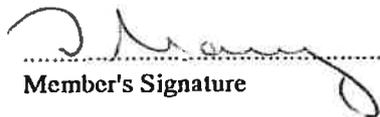
CONFIDENTIAL

TO: THE TRUSTEE  
THE NEARY 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 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.
- (c) I consent to the Trustee acting as Trustee of the Fund.
- (d) I will notify the Trustee if at anytime I cease to be Gainfully Employed as defined in the Deed.
- (e) I declare that at the time I was given this application for Membership I was also given advice in writing about the benefits to which I would be entitled on joining the Fund, the method of determining that entitlement and the conditions relating to those Benefits.
- (f) I declare that to the extent that I have completed the attachments the information contained is accurate in every respect.
- (g) I declare that I have been provided with a copy of the latest report to Members together with details of the rate of allotment of net earnings to the Fund to the class of membership to which I would belong upon joining the Fund.

Date: 23/6/97

  
Member's Signature

## 1. PERSONAL DETAILS

Name: Surname:	NEARY	Given Names:	DEBRA FAYE
Address:	25 ALLAMANDA PL MT GRAVATT 4122		
Occupation:	CLERK	Date of Birth:	20/7/74
Home Phone: (07)	33438810	Gender M/F	F

## 2. NOMINATED DEPENDANT(S)

I nominate the undermentioned persons as my Nominated Dependants:

SURNAME	GIVEN NAMES	RELATIONSHIP TO MEMBER	% OF TOTAL BENEFIT
Cushing	Nigel	Husband	100%