

# APPLICATION FOR MEMBERSHIP

To the Trustee of the Fund **MEIKLEJOHN SUPER FUND.**

From: **WILLIAM MEIKLEJOHN** of **DARBYS FALLS RD., COWRA NSW..**

I apply to become a member of the abovementioned superannuation fund on the terms and conditions specified in the Trust Deed from the time being governing the Fund.

I understand that my employer will deduct from my salary such amounts as are required to provide my contributions to the Fund and will pay those amounts to the Trustee of the Fund.

I acknowledge my acceptance of  
**WILLIAM MEIKLEJOHN**  
**GAI MEIKLEJOHN**  
as Trustee of the Fund.

Signature... 

**WILLIAM MEIKLEJOHN**

Dated... *1-1-96*

## NOMINATED BENEFICIARY \*

I wish to advise the Trustee of the Fund that my Nominated Beneficiary(ies) under the Fund is/are as follows:

| NAME IN FULL<br>(DOB IF UNDER 18) | RELATIONSHIP<br>TO MEMBER | FULL POSTAL<br>ADDRESS                | %SHARE OF<br>BENEFIT ** |
|-----------------------------------|---------------------------|---------------------------------------|-------------------------|
| <i>G.R. MEIKLEJOHN</i>            | <i>WIFE</i>               | <i>DARBYS FALLS Rd<br/>COWRA 2794</i> | <i>100%</i>             |

I understand that the payment of any Death Benefit by the Fund will be at the absolute discretion of the Trustee and that this nomination is not to be treated as a direction.

Signature...  Dated... *1-1-96*

**WILLIAM MEIKLEJOHN**

\* Completion of this section is optional

\*\* Show percentage of death benefits to be taken by each beneficiary.

# APPLICATION FOR MEMBERSHIP

To the Trustee of the Fund **MEIKLEJOHN SUPER FUND.**

From: **GAI MEIKLEJOHN** of **DARBYS FALLS RD., COWRA NSW..**

I apply to become a member of the abovementioned superannuation fund on the terms and conditions specified in the Trust Deed from the time being governing the Fund.

I understand that my employer will deduct from my salary such amounts as are required to provide my contributions to the Fund and will pay those amounts to the Trustee of the Fund.

I acknowledge my acceptance of  
**WILLIAM MEIKLEJOHN**  
**GAI MEIKLEJOHN**  
as Trustee of the Fund.

Signature.....

**GAI MEIKLEJOHN**

Dated.....

## NOMINATED BENEFICIARY \*

I wish to advise the Trustee of the Fund that my Nominated Beneficiary(ies) under the Fund is/are as follows:

| NAME IN FULL<br>(DOB IF UNDER 18) | RELATIONSHIP<br>TO MEMBER | FULL POSTAL<br>ADDRESS        | %SHARE OF<br>BENEFIT ** |
|-----------------------------------|---------------------------|-------------------------------|-------------------------|
| <i>W.L. MEIKLEJOHN</i>            | <i>HUSBAND</i>            | <i>P.O. Box 390<br/>COWRA</i> | <i>100%</i>             |

I understand that the payment of any Death Benefit by the Fund will be at the absolute discretion of the Trustee and that this nomination is not to be treated as a direction.

Signature. *Gai Meiklejohn* Dated.....

**GAI MEIKLEJOHN**

\* Completion of this section is optional

\*\* Show percentage of death benefits to be taken by each beneficiary.