## **Application for Membership**

To the Trustees	of the:						
					Wo	odhouse Superar	nuation Fund
т							
I Title Mr	First Names	Garry Peter		Surnam	we We	odhouse	
hereby apply to the		<del>-</del>	erannuation				of the Fund
norce, appr, to are	Transport of the tre	o e name sup		10110 ( 0	/ 10 00		01 410 1 4114
Male	${\boldsymbol{\times}}$	Female		÷	Date of Bi	rth $\frac{1}{2}$ / $\frac{1}{2}$	5 /1955
_		·					
Address for Co	rrespondence	2.5				'	
23 Cooyal Street							
Cowra NSW						Postcode	2794
Home Address	(If different from	a aborro)					
As above	(11 different from	1 above)					· · · · · · · · · · · · · · · · · · ·
As above			<del> </del>			Postcode	
						1 0310000	(
Telephone				Facsir	nile		1
	42 3961			Fax	( )		
(000)							
Occupation				Annua	al Salary		
Plumber				\$			
						37	
Do you wish to rol	ll-over a superani	nuation benefit	to this Fund	1?		Yes	No
Would you like Th	a Super Group t	o acciet with yo	ır roll-over	n		Yes 🔲	No 🖂
would you like 11	ie Super Group i	o assist with you	ar ron-over	•			110
Have you received	l any benefit payı	ment from a Su	erannuatio	n Fund,	Approved Dep	oosit	
Fund or Deferred		_			-	Yes 🔲	No 🔲
							<u></u>
Are you presently	a member of any	other Superant	uation Fun	d?		Yes	No 🔲
T1	manth, madrina ar	entributions on v	ann babalf	'ta anath	ar Cuparannua	tion	
Is an employer cur Fund?	rentiy making co	muriduulons on j	our benan	to anoun	er Superamua	Yes 🗀	No 🖂
Tuna:						145	- '`` L_
I understand that u	under the terms of	f the Trust Dee	d, my bene	fit in the	event of my d	eath shall be pa	id to any one
or more of my dep							
representative. I we				my decis	ion, I would p	refer to distribu	te my benefit
to the following pe	ersons in the proj	ortions maican	a.			•	
Person's full name		Addr	ess		Rel	lationship	<u>%</u>
						-	
S.C. WOO	dheuse	23 Cc	oyal	St.	٧v	i FE	100
S.C. WOO		CONRI	4. 27	94.			
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.,		121	12		.,	

•	I accept the Trustee of the Fund as Trustee appointed to protect my interests in the Fund in terms of the Trust Deed governing the Fund;								
• 72	I agree to be bound by the Trust Deed (as amended from time to time) governing the Fund;								
•	I accept there are no guarantees to the amount of benefit to which I shall be entitled;								
•	I understand that the Principal may deduct from my salary such amounts as are required to provide my contributions (if any) to the Fund and will pay such amounts to the Trustee of the Fund;								
•	I accept that any insurance on my life effected pursuant to this request will commence only after acceptance of the risk by the underwriter of such insurance;								
•	I hereby declare that the statements and answers recorded herein are to the best of my knowledge, complete and true.								
Member's Signature Philosoph Care Date: 25/06/199									
Principal Section									
Principal	1 Name:								
Date Me	ember joined your employ: / /								
Date Me	ember to join Fund: / /								
Member	to join Vesting Category: [See Appendix "1" of Trust Deed for vesting details)								
<b>Note:</b> Where the Principal does not give an instruction to the Trustee with respect to the category of membership, the Trustee shall be entitled to assume that the relevant contributions qualify for Full Vesting. If the Principal wishes to have more than one category apply to the member then please attach full particulars.									
Princip	pal's Signature: Date:/ /								

## **Application for Membership**

To the Trustees of the	ne:							
					V	Voodhou	ise Superam	nuation Fund
I								
		Sandra Chri	stine	Surnar	ne V	Voodhoi	ıse	
hereby apply to the Trust						become	a Member	of the Fund.
N.C-1.		EI-	<del></del>		Data of l	ملسطاء		
Male		Female	$\triangleright$		Date of I	DITUI	21/ 0	01/1951
Address for Corresp	ondence		-					
23 Cooyal Street	011401100					· .		
Cowra NSW							Postcode	2794
Home Address (If di	fferent from	above)						·
As above							B . 1	
							Postcode	
Telephone				Facsi	mile			
Phone (063) 42 39	61			Fax	( )			
	-							
Occupation					al Salary			
Plumber		·		\$			•	
Do you wish to roll-ove	r a sunerann	uation benef	fit to this Fun	 id9			Yes 🔲	No 🖂
Do you wish to fon-ove	a superam	dation belief	ine to this i un	iu.				1,10
Would you like The Sup	er Group to	assist with	your roll-ove	r?			Yes	No 🔲
Have you received any	enefit payn	nent from a S	Superannuati	on Fund,	Approved D	eposit		
Fund or Deferred Annua	ty on or afte	er 16 Februa	ry 1990?				Yes	No 🔲
	1 6	41 G	. T	10			Vac 🖂	No 🗂
Are you presently a mer	nber of any	otner Supera	annuation Fu	na?	•		Yes	No 🗌
Is an employer currently	making co	ntributions o	n your behal	f to anotl	ner Superann	uation		
Fund?							Yes	No 🔲
I understand that under or more of my dependan representative. I would li to the following persons	ts or, if in th ike the Trust	e opinion of ee to know	the Trustee t that if it were	here are	no such Depe	endants,	then my pe	rsonal legal
Person's full name		<u>Ad</u>	ldress		<u> </u>	Relations	ship	<u>%</u>
G.P. Woodh	QU22	93 C	POVAL	S+	HU	SBA I	NO	100
Marie		CONF	LA. 2			<del></del>		
			<i>f</i> ~	· r r	•			
***************************************						•••••		•
								••••••

Declaration							
•	I accept the Trustee of the Fund as Trustee appointed to protect my interests in the Fund in terms of the Trust Deed governing the Fund;						
•	I agree to be bound by the Trust Deed (as amended from time to time) governing the Fund;						
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•	I accept that any insurance on my life effected pursuant to this request will commence only after acceptance of the risk by the underwriter of such insurance;						
•	I hereby declare that the statements and answers recorded herein are to the best of my knowledge, complete and true.						
Memb	er's Signature: Machande Date: 25/06/1997						
Princ	eipal Section						
Principa	al Name:						
Date M	ember joined your employ: / /						
Date M	ember to join Fund: / /						

**Note:** Where the Principal does not give an instruction to the Trustee with respect to the category of membership, the Trustee shall be entitled to assume that the relevant contributions qualify for Full Vesting. If the Principal wishes to have more than one category apply to the member then please attach full particulars.

(see Appendix "1" of Trust Deed for vesting details)

Member to join Vesting Category:

Principal's Signature:	 Date:	/	