

APPENDIX "B"

APPLICATION FOR MEMBERSHIP

OF

THE M. J. HOLLMAN SUPERANNUATION FUND

1. I, MICHAEL JAMES HOLLMAN of 93 GRAND PDE. BONNELLS BAY NSW 2264 hereby apply for membership of the abovementioned Fund.

2. I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death or termination of gainful employment.

3. In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the abovementioned Trust Deed and I declare that I have no entitlement to an annuity and I am not a Member of, nor have I received benefits from, any other superannuation fund or approved deposit fund, other than the following (please supply details of benefits paid or payable):-

4. I hereby authorise my Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my Employer as contributions to be made by me to the abovementioned Fund.

5. I hereby agree to Holrof Pty. Limited acting as Trustee to the Fund.

6. NOMINATION OF BENEFICIARIES

Whilst I acknowledge the discretion the Trustees have, to determine who the benefit is paid to, I hereby nominate the following persons to receive the benefit payable by the Trustees of the Fund in the event of my death:-

<u>PERSON</u>	<u>ENTITLEMENT</u>
<u>..... LORRAINE GAYE HOLLMAN</u>	<u>..... 100%</u>
<u>.....</u>	<u>.....%</u>
<u>.....</u>	<u>.....%</u>

Date: 7/10/2016 Applicant's Signature: M.J. Hollman

Witness: [Signature]

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OF

THE M.J. HOLLMAN SUPERANNUATION FUND

1. I, *LORRAINE GAYE* *HOLLMAN* of *93 Grand Parade, Bonnelles Bay* hereby apply for membership of the abovementioned Fund.

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<u>PERSON</u>	<u>ENTITLEMENT</u>
..... <i>MICHAEL JAMES HOLLMAN</i> <i>100%</i>
.....%
.....%

Date: *7/12/16* Applicant's Signature: *J. Hollman*

Witness: *[Signature]*