

APPENDIX "A"

APPLICATION FOR MEMBERSHIP
(EMPLOYER SPONSORED MEMBER)
OF
THE N&S THOMSON SUPERANNUATION FUND
("the Fund")

1. I,
of
Tax File Number.....
apply for membership of the Fund which is administered in terms of the Trust Deed governing the Fund.
2. I have been advised in writing of the benefits which I will be entitled to receive from the Fund on joining the Fund, the timing of those benefits, the method of determining those benefits and any conditions relating to those benefits.
3. I acknowledge that I have received a Product Disclosure Statement in relation to the Fund.
4. In consideration of my admission to membership, I agree to abide by and be bound by the provisions of the Trust Deed governing the Fund.
5. I authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself, the Trustee and my Employer as contributions to be made by me to the Fund.
6. I agree to Norm Cyril Thomson and Sandra Gail Thomson acting as Trustee of the Fund.

7. **NOMINATION OF BENEFICIARIES**

(a) I nominate the following person(s) to receive the benefit payable by the Trustee in the event of my death:

PERSON	RELATIONSHIP	PERCENTAGE
		%
		%
		%

(b) I do/do not wish this nomination to be binding on the Trustee

Dated this day of 2010

Signature of Member *WORM TO SIGN*

We, the undersigned witness declare that the above member signed above in our presence on the above date and that we signed below in the presence of the above member and each other.

First Witness Second Witness

Full name:..... Full Name:.....

Occupation:..... Occupation:.....

Address:..... Address:.....