

Whitson Superannuation Fund Application for Membership

Confidential

TO: The Trustee of Whitson Superannuation Fund

I apply for admission to membership of the fund. I acknowledge and agree as follows:-

- (a) I will be bound by the trust deed.
- (b) I will notify the trustee if at any time I cease to be gainfully employed as defined in the deed.
- (c) I consent to the trustee acting as trustee of the fund.

Name: Sally Jane Whitson

Address: 106 Shoal Pt Road, Bucasia QLD 4750

TFN: 180 218 625

Occupation: Nurse


Date of Birth: 19/12/1973

Membership Class: A

Nominated Dependant(s)

I nominate the undermentioned persons as my Nominated Dependents:

Surname	Given Names	Relationship	% of Total Benefit
WHITSON	NEIL JOHN	FATHER	50
WHITSON	HEATHER MAY	MOTHER	50

complete

.....
Signature

Dated the day of 2000.