

APPLICATION FOR MEMBERSHIP

NAME OF FUND: WHITSON SUPERANNUATION FUND

PERSONAL DETAILS OF APPLICANT

Surname: GELDARD

Given Names: ALAN

Address: 24 DOUGLAS ST
..... MAUKAM.

Date of Birth: 13 / 02 / 48 (Day/Month/Year)

CURRENT SUPERANNUATION ARRANGEMENTS:

(Include Approved Deposit Funds or Deferred Annuity Funds)
(If more than two please note on reverse side)

(1) Name of Fund:

Current Amount of Vested Benefit:

(2) Name of Fund:

Current Amount of Vested Benefit:

PAST SUPERANNUATION BENEFITS RECEIVED:

(Do not include any amounts shown above as current)

Name of Fund: NML SIMPLE SUPER

Amount of Benefit: \$42,447

Date Received: 13 / 01 / 92 (Day/Month/Year)

APPLICATION FOR MEMBERSHIP

DECLARATIONS BY APPLICANT

The details shown above in relation to my past and present Superannuation Fund entitlements are correct and complete.

I have been informed of the identity of the Trustee(s) of the Fund and give my consent.

I acknowledge that I have received written notice of my rights to receive benefits from the Fund.

I undertake to notify the Trustees if whilst a Member of the Fund I become entitled to benefits from any other superannuation fund or Approved Deposit Fund.

I understand that any benefits to be provided under insurance policies will be subject to my submitting whatever medical evidence is required by the Trustees and to the terms on which the insurer appointed by the Trustees is prepared to offer cover.

I hereby apply to become a Member of the Fund and agree to be bound by the provisions of the Trust Deed of the Fund.

Signed:

A. G. Mann

Date:

15 / 06 / 93

Witness:

L. Strydom

NOMINATION OF BENEFICIARY

I hereby nominate the following person(s) as beneficiary(ies) in respect of any benefit payable from the Fund on my death:-

FULL NAME	ADDRESS	PROPORTION OF BENEFIT	RELATIONSHIP TO MEMBER
BARBARA ANN GELDARD	24 DOUGLAS ST MANKATO	100%	WIFE

This nomination completely cancels any other nomination made by me, and I understand it is an indication of my wishes. In some circumstances it may be necessary for the Trustees to vary the member's beneficiaries from those nominated on this form. I understand that this discretionary authority is provided for in the Trust Deed governing the Fund.

Signature: [Handwritten Signature]

Date: 15, 06 / 93

Witness: [Handwritten Signature]

NOTICE OF MEMBER'S RIGHTS TO BENEFITS

NAME OF MEMBER: *ALAN GELDAND*

This summary has been prepared to advise you of the benefits and provisions of the superannuation arrangements provided. The fund has been designed to provide benefits that give you and your family financial security.

CONTRIBUTIONS

Contributions to the fund will normally be made by your employer. You may also contribute to the fund in approved circumstances.

BENEFITS

The superannuation fund provides employees with the following benefits:-

RETIREMENT

Upon retirement from employment on or after your 65th birthday you will be entitled to receive the sum of the contributions made to the fund, plus investment earnings on these contributions less costs incurred in fund administration and provision of any insurance cover.

The Trust Deed provides from pension benefits to be paid at the highest level permitted if the fund is sufficient. Current legislation allows half of the value to be commuted to a Lump Sum. Where legislation permits, it may be possible to commute up to 100% of you entitlement.

DEATH AND DISABLEMENT

If whilst an employee, you die or terminate your employment due to permanent disablement the benefit payable will be the sum of the amount accumulated towards retirement for yourself plus the proceeds of any insurance on your life.

TERMINATION OF EMPLOYMENT

If you cease employment prior to age 65 years for reasons other than Death or total and Permanent Disablement, you will be entitled to receive a return of any contributions that you have made plus interest. In addition you may be entitled to a proportion of the accumulated value of any contributions made by your employer. Details are set out in the Trust Deed and are notified to you each year in accordance with Government regulations.

The portion of your benefit which is attributable to your employer's contributions may have to be preserved until retirement from the workforce or age 55 years whichever is the later.

AG 15/6/93

WHITSON
SUPERANNUATION FUND

NOTICE OF MEMBER'S RIGHTS TO BENEFITS

IMPORTANT NOTES

ASSIGNMENT OF BENEFITS

Prospective benefits can not be sold, given away or in any other manner signed away.

REASONABLE BENEFITS LIMITS

The Insurance and Superannuation Commissioner has set Reasonable Benefit Limits (RBLs) and any payment made from superannuation funds in excess of this RBL will be subject to tax at top marginal rates.

TAXATION

Lump sum benefits paid from a superannuation fund are subject to taxation, with the exception of death benefits paid to a deceased employee's dependants. The Trustees are required by law to deduct the amount of tax payable. Payment of taxation can, however, be deferred until retirement from the workforce. This can be done by transferring superannuation benefits to an Approved Deposit Fund, a Deferred Annuity, or a Superannuation Fund.

AMENDMENT OR TERMINATION OF THE FUND

Whilst it is expected that the fund will continue as described, future economic conditions and Government action cannot be foreseen with certainty and your employer must, as a matter of ordinary business prudence, reserve the right to amend or terminate the superannuation arrangements. Any such action, if taken will not affect the value of benefits secured by contributions up to the date of amendment or termination.

LEGAL BASIS OF THE FUND

The fund is administered in accordance with the Trust Deed which is a detailed legal document. It is the final authority in all matters relating to the fund. The Deed is available from the Trustees for you to inspect at any reasonable time.

ACM 15/6/93.