

SCHEDULE B

APPLICATION FOR MEMBERSHIP  
CONFIDENTIAL

TO: THE TRUSTEE

THE ROBINSON FAMILY SUPERANNUATION FUND

I, the undersigned person, being eligible hereby apply for admission to membership of the Fund. I agree and undertake as follows:

1. I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
2. I will upon request make full disclosure in writing of any information required by the Trustee in respect of my membership of the Fund including my medical condition.
3. I understand the terms and conditions of the Trust Deed and more particularly the terms and conditions of Divisions B and C of the Deed concerning Benefits payable.
4. I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Deed.
5. I agree to the Trustee acting as Trustee of the Fund.

DATED the 12th day of May, 1994

Name: ANN ESME ROBINSON

Signature: 

Address: 566 Musgrave Road, Robertson Q. 4109

Occupation:

Membership Class: "C"

Date of Birth: 19.1.47

NOMINATED DEPENDANT(S)

I nominate the undermentioned persons as my Nominated Dependants:

SURNAME(S)	GIVEN NAMES(S)	RELATIONSHIP	% OF TOTAL BENEFIT

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DATED the 12th day of May, 1994

Name: GRAEME RONALD ROBINSON Signature: 

Address: 566 Musgrave Road, Robertson Q. 4109

Occupation:

Membership Class: "C"

Date of Birth: 17.8.47

NOMINATED DEPENDANT(S)

I nominate the undermentioned persons as my Nominated Dependants:

SURNAME(S)	GIVEN NAMES(S)	RELATIONSHIP	% OF TOTAL BENEFIT
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