### APPLICATION FOR MEMBERSHIP CORMACK FAMILY SUPERANNUATION FUND

Member's Name and Address: TERRENCE JOHN CORMACK

105 CARRUTHERS DRIVE, MODBURY NORTH,

SA 5092

Date of Birth: 09/07/43

**ADELAIDE** 

Place of Birth:

Date Joining Fund: 1/6/2000

I hereby apply for membership of the abovenamed superannuation fund

rights and those of my dependents to receive benefits under the Fund. acknowledge having been given a copy of a written "Notice to New Member" regarding my I understand that I shall be deemed to be bound by the Trust Deed governing the Fund. I

At the date of this application I am an eligible person for the purpose of the Trust Deed

I understand that an "eligible person" means that

immediately prior to the date in which I joined the Fund and I received income in respect of that work. I have worked at least 10 hours per week in any period during the two years

'n life assurance company or registered organisation. transferred into the Fund from another superannuation fund, approved deposit fund, I have retired from remunerative employment and an amount of money is to be

I have been informed that the Trustees of the Fund are :-

AND TERRENCE JOHN CORMACK ADAM JOSEPH CORMACK, BENJAMIN JOSEPH CORMACK

that to the best of my knowledge I have not withheld any material information of which the statements made by me in this application shall be the basis of my membership and declare and I hereby agree to these people acting as Trustees of the above fund. I also agree that the Trustee should be advised

Signature of Applicant

Date

# NOMINATION OF BENEFICIARY CORMACK FAMILY SUPERANNUATION FUND

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nefits to	nefits to the p	nefits to the person	nefits to the person or p	benefits to the person or persons, and in	the proportions, specified below:	Require the Trustee to pay, upon my death, bene
	the p	the person	the person or p	the person or persons,		efits to

. Dependants

		l
	SURNAME(S)	
	SURNAME(S) GIVEN NAME(S)	
	RELATIONSHIP	
BENEFIT	% OF	

(to be distributed in accordance with my Will or relevant Intestacy laws) Legal Personal Representantive % OF BENEFIT

Signature of Member

JAMM)

#### Witnesses

that we are over 18 years of age; and we are neither Dependants specified above or the We, the undersigned, declare the Member signed and dated this form in our presence and Legal Personal Representative of the Member.

Signature of Witness: ..... Name of Witness: ..... Name of Witness: .....

Signature of Witness: .....

this 1ST DAY OF JUNE 2000

## TERRENCE JOHN CORMACK

Dear Sir/Madam

### Re: SUPERANNUATION FUND

We are pleased to advise you that your application to join the above named Fund has been accepted by the Trustees and we enclose the NOTICE TO NEW MEMBER of the Fund. This summary describes your rights as a Member to benefits under the Fund.

This letter also confirms that the Trustee(s) of the Fund at this time are:-

ADAM JOSEPH CORMACK, BENJAMIN JOSEPH CORMACK AND TERRENCE JOHN CORMACK

Trustee(s). Should you have any queries regarding these matters, please do not hesitate to contact the

Yours faithfully

ADAM JOSEPH CORMACK
Trustee