

**THE
CORMACK FAMILY SUPERANNUATION FUND
APPLICATION FOR MEMBERSHIP**

Member's Name and Address:

**ADAM JOSEPH CORMACK
35 NOYA AVENUE, MODBURY HEIGHTS, SA
5092**

Date of Birth:

20/10/65

Place of Birth:

ADELAIDE

Date Joining Fund:

1/6/2000

I hereby apply for membership of the abovenamed superannuation fund.

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

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

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

OR

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

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

**ADAM JOSEPH CORMACK, BENJAMIN JOSEPH CORMACK
AND TERRENCE JOHN CORMACK**

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



Signature of Applicant

Date

THE
CORMACK FAMILY SUPERANNUATION FUND
NOMINATION OF BENEFICIARY

I, ADAM JOSEPH CORMACK

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

1. Dependants

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
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2. Legal Personal Representative % OF BENEFIT
(to be distributed in accordance with my Will or relevant Intestacy laws)

Signature of Member: 

Witnesses

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

Name of Witness:

Signature of Witness:

Name of Witness:

Signature of Witness:

this 1ST DAY OF JUNE 2000

1/6/2000

ADAM JOSEPH 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 TERENCE JOHN CORMACK**

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

Yours faithfully



ADAM JOSEPH CORMACK
Trustee