

APPLICATION FOR MEMBERSHIP
of
Patapis Super Fund

Full Name: George PATAPIS

Address:- 33 Norfolk Avenue Collaroy NSW 2097

Occupation:- Engineer

Date of Birth: 27/01/1969 Sex: Male

- I hereby apply to become a member in the abovementioned Fund.
- I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death or termination of service with my Employer.
- In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the Trust Deed governing the Fund and I declare that I am not entitled to a deferred annuity and I am not a member of any other superannuation fund or approved deposit fund nor have I received benefits from any such fund, *other than the following:-*

.....
(Full details to be provided to Trustee)

*I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.
(* Delete if not applicable)


My tax file number is and I hereby authorise my Trustee(s) to use this tax file number for the purposes of administering the Fund and the payment of my benefits.

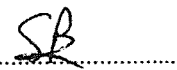
NOMINATION OF BENEFICIARIES:

In the event of my death it is my wish that my benefits shall be paid to the following persons in the proportions stated below.

Name and Address	Relationship to Member	Proportion of benefit
BETTY PATAPIS	WIFE	100 %
		%
		%
		%
		%


Applicant/Member


Witness 1

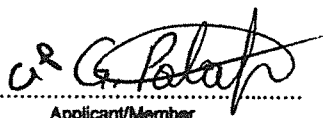

Witness 2

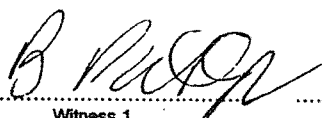
BINDING BENEFICIARY NOMINATION:

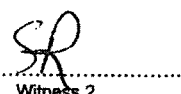
The above nomination to be a binding beneficiary nomination binding the trustee to pay the benefits as prescribed above **YES** / **NO**

- Delete which is not applicable. If Yes Proceed to Execution Box A. The applicant and witnesses should also sign at the foot of each page.
- If No, Proceed to Execution Box B.
- If no election made, the default response shall be NO.
- Please read the following table carefully concerning the type of nomination.

Binding Beneficiary Nomination	Non-Binding Beneficiary Nomination
A valid properly executed binding beneficiary nomination is binding on the Trustee provided it is no more than three years since the date of signing of such nomination or such lesser period as prescribed in superannuation trust deed and rules. Please note that the trust deed and rules for the fund provide that a binding beneficiary nomination expires prior to three years in the event a Member divorces a beneficiary who was a nominated spouse under the binding beneficiary nomination form (ie. upon the decree nisi for such marriage being made).	The Trustee may take into account your wishes but is not be bound by your nomination.
Advantages:- <ul style="list-style-type: none">• Certainty for estate planning purposes.• Nomination may be varied through the provision of a new form of binding beneficiary nomination to the Trustee(s) executed in accordance with the requirements of the Superannuation Industry (Supervision) Act legislation.	Advantages:- <ul style="list-style-type: none">• Trustee(s) may exercise discretion at the relevant time for payment of the benefits which is tax effective. A person who was previously a dependant may no longer be a dependant and so the benefits may be taxed at the highest rates.
Disadvantages:- <ul style="list-style-type: none">• Costly taxation consequences where a person who was a dependant at the time of the binding beneficiary nomination is no longer a dependant when the nomination takes effect.	Disadvantages:- <ul style="list-style-type: none">• No certainty for payment of benefits in conformity with wishes of the Member because the Trustee(s) has/have a discretion for the application of the benefits.
A PERSON SHOULD OBTAIN PROFESSIONAL ADVICE CONCERNING THE NOMINATION OF BENEFICIARIES INCLUDING THE TYPE OF BENEFICIARY NOMINATION FORM TO BE PROVIDED.	


Applicant/Member


Witness 1


Witness 2

EXECUTION BOX A – FOR BINDING BENEFICIARY NOMINATION

I agree to the above terms and acknowledgments as detailed above. Furthermore I provide the authorities as detailed above.

Dated this day of, 200 .

Signed by the Applicant/ Member in the sight and
presence of the following two adult witnesses who
are not nominated persons referred to above.

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.....
Applicant/Member

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Witness 1: (Please Print Name)

.....
Witness (Signature)

.....
Address of Witness

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Witness 2: (Please Print Name)

.....
Witness (Signature)

.....
Address of Witness

EXECUTION BOX B – FOR NON – BINDING BENEFICIARY NOMINATION

I agree to the above terms and acknowledgments as detailed above. Furthermore I provide the authorities as detailed above.

Dated this day of, 200 .

Signed by the Applicant/ Member in the presence of :

)

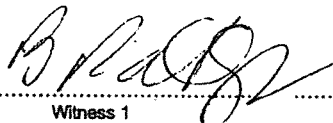
.....
Applicant/Member

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Witness (Please Print Name)

.....
Witness (Signature)

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Address of Witness


.....
Applicant/Member


.....
Witness 1


.....
Witness 2

APPLICATION FOR MEMBERSHIP
of
Patapis Super Fund

Full Name: Betty Panagiota PATAPIS

Address:- 33 Norfolk Avenue Collaroy NSW 2097

Occupation:- Doctor

Date of Birth: 05/07/1967 Sex: Female

- I hereby apply to become a member in the abovementioned Fund.
- I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death or termination of service with my Employer.
- In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the Trust Deed governing the Fund and I declare that I am not entitled to a deferred annuity and I am not a member of any other superannuation fund or approved deposit fund nor have I received benefits from any such fund, *other than the following:-*

.....
(Full details to be provided to Trustee)

*I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.
(* Delete if not applicable)

My tax file number is and I hereby authorise my Trustee(s) to use this tax file number for the purposes of administering the Fund and the payment of my benefits.

NOMINATION OF BENEFICIARIES:

In the event of my death it is my wish that my benefits shall be paid to the following persons in the proportions stated below.

Name and Address	Relationship to Member	Proportion of benefit
George Patapis	Husband	100% %
		%
		%
		%
		%

BP

Applicant/Member

[Signature]

Witness 1

[Signature]

[Signature]

Witness 2

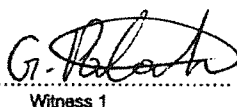
BINDING BENEFICIARY NOMINATION:

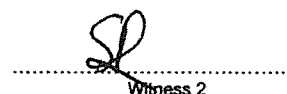
The above nomination to be a ~~binding~~ beneficiary nomination binding the trustee to pay the benefits as prescribed above YES / **(NO)**

- Delete which is not applicable. If Yes Proceed to Execution Box A. The applicant and witnesses should also sign at the foot of each page.
- If No, Proceed to Execution Box B.
- If no election made, the default response shall be NO.
- Please read the following table carefully concerning the type of nomination.

Binding Beneficiary Nomination	Non-Binding Beneficiary Nomination
A valid properly executed binding beneficiary nomination is binding on the Trustee provided it is no more than three years since the date of signing of such nomination or such lesser period as prescribed in superannuation trust deed and rules. Please note that the trust deed and rules for the fund provide that a binding beneficiary nomination expires prior to three years in the event a Member divorces a beneficiary who was a nominated spouse under the binding beneficiary nomination form (ie. upon the decree nisi for such marriage being made).	The Trustee may take into account your wishes but is not be bound by your nomination.
Advantages:- <ul style="list-style-type: none">• Certainty for estate planning purposes.• Nomination may be varied through the provision of a new form of binding beneficiary nomination to the Trustee(s) executed in accordance with the requirements of the Superannuation Industry (Supervision) Act legislation.	Advantages:- <ul style="list-style-type: none">• Trustee(s) may exercise discretion at the relevant time for payment of the benefits which is tax effective. A person who was previously a dependant may no longer be a dependant and so the benefits may be taxed at the highest rates.
Disadvantages:- <ul style="list-style-type: none">• Costly taxation consequences where a person who was a dependant at the time of the binding beneficiary nomination is no longer a dependant when the nomination takes effect.	Disadvantages:- <ul style="list-style-type: none">• No certainty for payment of benefits in conformity with wishes of the Member because the Trustee(s) has/have a discretion for the application of the benefits.
A PERSON SHOULD OBTAIN PROFESSIONAL ADVICE CONCERNING THE NOMINATION OF BENEFICIARIES INCLUDING THE TYPE OF BENEFICIARY NOMINATION FORM TO BE PROVIDED.	


Applicant/Member


Witness 1


Witness 2

EXECUTION BOX A – FOR BINDING BENEFICIARY NOMINATION

I agree to the above terms and acknowledgments as detailed above. Furthermore I provide the authorities as detailed above.

Dated thisday of, 200 .

Signed by the Applicant/ Member in the sight and
presence of the following two adult witnesses who
are not nominated persons referred to above.

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Applicant/Member

.....
Witness 1: (Please Print Name)

.....
Witness (Signature)

.....
Address of Witness

.....
Witness 2: (Please Print Name)

.....
Witness (Signature)

.....
Address of Witness

EXECUTION BOX B – FOR NON – BINDING BENEFICIARY NOMINATION

I agree to the above terms and acknowledgments as detailed above. Furthermore I provide the authorities as detailed above.

Dated thisday of, 200 .

Signed by the Applicant/ Member in the presence of :

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.....
Applicant/Member

.....
Witness (Please Print Name)

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Witness (Signature)

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Address of Witness

SR
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Applicant/Member

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Witness 1

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SR
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Witness 2

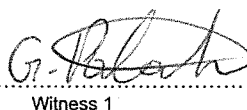
BINDING BENEFICIARY NOMINATION:

The above nomination to be a ~~binding~~ beneficiary nomination binding the trustee to pay the benefits as prescribed above **YES / NO**

- Delete which is not applicable. If Yes Proceed to Execution Box A. The applicant and witnesses should also sign at the foot of each page.
- If No, Proceed to Execution Box B.
- If no election made, the default response shall be NO.
- Please read the following table carefully concerning the type of nomination.

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Applicant/Member


Witness 1


Witness 2

EXECUTION BOX A – FOR BINDING BENEFICIARY NOMINATION

I agree to the above terms and acknowledgments as detailed above. Furthermore I provide the authorities as detailed above.

Dated thisday of, 200 ..

Signed by the Applicant/ Member **in the sight and presence of the following two adult witnesses who are not nominated persons referred to above.**

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.....
Applicant/Member

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Witness 1: (Please Print Name)

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Witness (Signature)

.....
Address of Witness

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Witness 2: (Please Print Name)

.....
Witness (Signature)

.....
Address of Witness

EXECUTION BOX B – FOR NON – BINDING BENEFICIARY NOMINATION

I agree to the above terms and acknowledgments as detailed above. Furthermore I provide the authorities as detailed above.

Dated thisday of, 200 ..

Signed by the Applicant/ Member **in the presence of :**

)

.....
Applicant/Member

.....
Witness (Please Print Name)

.....
Witness (Signature)

.....
Address of Witness

BP   
Applicant/Member Witness 1 Witness 2

APPLICATION FOR MEMBERSHIP
of
Patapis Super Fund

Full Name: George PATAPIS

Address:- 33 Norfolk Avenue Collaroy NSW 2097

Occupation:- Engineer

Date of Birth: 27/01/1969 Sex: Male

- I hereby apply to become a member in the abovementioned Fund.
- I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death or termination of service with my Employer.
- In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the Trust Deed governing the Fund and I declare that I am not entitled to a deferred annuity and I am not a member of any other superannuation fund or approved deposit fund nor have I received benefits from any such fund, *other than the following:-*

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(* Delete if not applicable)

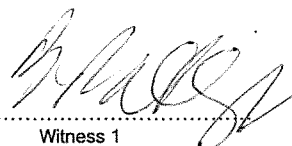
My tax file number is and I hereby authorise my Trustee(s) to use this tax file number for the purposes of administering the Fund and the payment of my benefits.

NOMINATION OF BENEFICIARIES:

In the event of my death it is my wish that my benefits shall be paid to the following persons in the proportions stated below.

Name and Address	Relationship to Member	Proportion of benefit
BETTY PATAPIS	WIFE	100 %
		%
		%
		%
		%


Applicant/Member


Witness 1


Witness 2

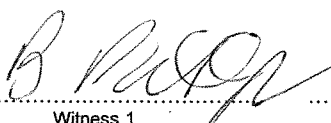
BINDING BENEFICIARY NOMINATION:

The above nomination to be a binding beneficiary nomination binding the trustee to pay the benefits as prescribed above **YES** / **NO**

- Delete which is not applicable. If Yes Proceed to Execution Box A. The applicant and witnesses should also sign at the foot of each page.
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- If no election made, the default response shall be NO.
- Please read the following table carefully concerning the type of nomination.

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Applicant/Member


Witness 1


Witness 2

EXECUTION BOX A – FOR BINDING BENEFICIARY NOMINATION

I agree to the above terms and acknowledgments as detailed above. Furthermore I provide the authorities as detailed above.

Dated thisday of, 200 .

Signed by the Applicant/ Member **in the sight and presence of the following two adult witnesses who are not nominated persons referred to above.**

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)
)
Applicant/Member

.....
Witness 1: (Please Print Name)

.....
Witness (Signature)

.....
Address of Witness

.....
Witness 2: (Please Print Name)

.....
Witness (Signature)

.....
Address of Witness

EXECUTION BOX B – FOR NON – BINDING BENEFICIARY NOMINATION

I agree to the above terms and acknowledgments as detailed above. Furthermore I provide the authorities as detailed above.

Dated thisday of, 200 .

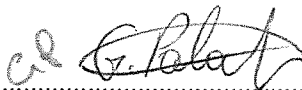
Signed by the Applicant/ Member **in the presence of :**

)
Applicant/Member

.....
Witness (Please Print Name)

.....
Witness (Signature)

.....
Address of Witness


Applicant/Member


Witness 1


Witness 2