

APPLICATION FOR MEMBERSHIP OF: WANN HOLDINGS PTY LTD
SUPERANNUATION FUND

Full name: <i>FRANZ WANN</i>	
Address: <i>4 THE PIAZZA, PASADENA SA 5042</i>	
Date of Birth: <i>28TH AUGUST, 1938</i>	Sex: <i>MALE</i>

I **HEREBY APPLY** to become a member of the abovementioned Fund, which is administered in terms of a Trust Deed dated the *TWENTY THIRD* day of *JUNE* 19 *81*.

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 abovementioned Trust Deed. **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:

** 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.*

NOMINATION OF BENEFICIARIES:

Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I **HEREBY NOMINATE** the following persons to receive the benefits payable by the Trustees of the Fund in the event of my death:

Name & Address	Relationship to Member	Proportion of Benefit %
<i>KATHARINA WANN</i>	<i>SPOUSE</i>	<i>100%</i>
<i>4 THE PIAZZA, PASADENA SA 5042</i>		

Dated this *TWENTY THIRD* day of *JUNE* 19 *81*.

Signature of Applicant: *[Handwritten Signature]*
 Witness: *[Handwritten Signature]*

** Delete this clause if inapplicable*

APPLICATION FOR MEMBERSHIP OF:

WANN HOLDINGS PTY LTD
SUPERANNUATION FUND

Full name: KATHARINA WANN	
Address: 4 THE PIAZZA, PASADENA SA 5042	
Date of Birth: 22ND FEBRUARY, 1941	Sex: FEMALE

I **HEREBY APPLY** to become a member of the abovementioned Fund, which is administered in terms of a Trust Deed dated the *TWENTY THIRD* day of *JUNE* 19*81*.

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 abovementioned Trust Deed. **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:

.....
* *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.*

NOMINATION OF BENEFICIARIES:

Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I **HEREBY NOMINATE** the following persons to receive the benefits payable by the Trustees of the Fund in the event of my death:

Name & Address	Relationship to Member	Proportion of Benefit %
<i>FRANZ WANN</i>	<i>SPOUSE</i>	<i>100%</i>
<i>4 THE PIAZZA, PASADENA SA 5042</i>		

Dated this *TWENTY THIRD* day of *JUNE* 1981 .

Signature of Applicant: *K. Wann*

Witness: *[Signature]*

* *Delete this clause if inapplicable*

**APPLICATION FOR MEMBERSHIP OF: WANN HOLDINGS PTY. LTD.
SUPERANNUATION FUND**

Full Name:	ROBERT FRANK WANN		
Address:	25 St. Georges Avenue, Glandore SA 5037		
Date of Birth:	19th May, 1967	Sex:	Male

I **HEREBY APPLY** to become a member of the abovementioned Fund, which is administered in terms of a Trust Deed dated the 23rd day of June, 1981.

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 abovementioned Trust Deed, **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:

.....

* *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.*

NOMINATION OF BENEFICIARIES:

Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I **HEREBY NOMINATE** the following persons to receive the benefits payable by the Trustees of the Fund in the event of my death:

Name & Address	Relationship to Member	Proportion of Benefit %
F. WANN 4 THE PIAZZA PASADENA SA 5042	FATHER	50%
K. WANN 4 THE PIAZZA PASADENA SA 5042	MOTHER	50%

Dated this 11th day of July, 1985.

Signature of Applicant: 

Witness: 

* *Delete this clause if inapplicable*

TO BE KEPT
ON MAIN FILE

**APPLICATION FOR MEMBERSHIP OF:
WANN HOLDINGS PTY. LTD. SUPERANNUATION FUND**

Full Name: Michael F. Wann	
Address: 4 The Piazza, Pasadena SA 5042	
Date of Birth: 20-2-69	Sex: Male

I HEREBY APPLY to become a member of the abovementioned Fund, which is administered in terms of a Trust Deed dated the _____ day of _____ 199 .

* 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 abovementioned Trust Deed, **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:

.....

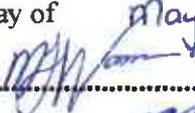
* *I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.*

NOMINATION OF BENEFICIARIES:

Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, **I HEREBY NOMINATE** the following persons to receive the benefits payable by the Trustees of the Fund in the event of my death:

Name and Address	Relationship to Member	Proportion of Benefit %
Franz Wann 4 The Piazza, Pasadena 5042	Father	50%
Katharina Wann 4 The Piazza, Pasadena 5042	Mother	50%

Dated this 24th day of May 1996.

Signature of Applicant: 

Witness: 

* Delete this clause if inapplicable