

Application for Membership

To the Trustees of the:

Gencon Superannuation Fund

I

Title Mr First Names Stuart Edward Surname Foote

hereby apply to the Trustee of the above named superannuation fund ("the Fund") to become a Member of the Fund.

Male Female Date of Birth 07 / 07 / 64

Address for Correspondence

C/- Mal Sciacca & Associates

GPO Box 4640, DARWIN NT Postcode 0801

Home Address (If different from above)

1575 Tannadice Street

WINNELLIE NT Postcode 0821

Telephone

Home () Work ()

Occupation

Engine Fitter Annual Salary \$

Do you wish to roll-over a superannuation benefit to this Fund? Yes No

Would you like Supa-Funds Management to assist with your roll-over? Yes No

Have you received any benefit payment from a Superannuation Fund, Approved Deposit Fund or Deferred Annuity on or after 16 February 1990? Yes No

Are you presently a member of any other Superannuation Fund? Yes No

Is an employer currently making contributions on your behalf to another Superannuation Fund? Yes No

I understand that under the terms of the Trust Deed, my benefit in the event of my death shall be paid to any one or more of my dependants or, if in the opinion of the Trustee there are no such Dependants, then my personal legal representative. I would like the Trustee to know that if it were my decision, I would prefer to distribute my benefit to the following persons in the proportions indicated.

Person's full name Address Relationship %

G.R. FOOTE 1575 TANNADICE ST WINNELLIE NT. FATHER, 100

Recording of Highest Average Salary

To assist Supa-Funds Management Pty Ltd in advising you your Transitional Reasonable Benefit Limit, please list your highest any three consecutive years' gross taxable earnings.

Earnings (Before Tax) \$ p.a.	Year Ended June
_____	_____
_____	_____
_____	_____

Earnings include salary, wages, commissions, bonuses, fees (including Directors' fees), allowances or gratuities (excluding 'Golden Handshakes'), and a person's share in net business income from a business carried on either alone or in partnership.

Declaration

- I accept the Trustee of the Fund as Trustee appointed to protect my interests in the Fund in terms of the Trust Deed governing the Fund;
- I agree to be bound by the Trust Deed (as amended from time to time) governing the Fund;
- I accept there are no guarantees to the amount of benefit to which I shall be entitled;
- I understand that the Principal may deduct from my salary such amounts as are required to provide my contributions (if any) to the Fund and will pay such amounts to the Trustee of the Fund;
- I accept that any insurance on my life effected pursuant to this request will commence only after acceptance of the risk by the underwriter of such insurance;
- I hereby declare that the statements and answers recorded herein are to the best of my knowledge, complete and true.

Member's Signature: _____

J E Teate

Date: _____

17 / 6 / 96

Employer/ Principal Section

Employer/Principal Name: Gencon Pty Ltd

Date Member joined your employ: 25 / 06 / 93

Date Member to join Fund: / /

Member to join Vesting Category:

(see Appendix "1" of Trust Deed for vesting details)

Note: Where the Employer/Principal does not give an instruction to the Trustee with respect to the category of membership, the Trustee shall be entitled to assume that the relevant contributions qualify for Full Vesting. If the Employer/Principal wishes to have more than one category apply to the member then please attach full particulars.

Employer Signature: _____

Date: _____

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