

**FERNBANK SUPERANNUATION FUND**

Page No. 1

**REGISTER OF MEMBERS**

Name: Raymond Geoffrey Adams

Address: 2/71 Sydney Road  
Manly NSW 2095

Date of Birth: 8/9/43

Sex: Male

Date of Entry as a Member: .....

Date Joined Company: .....

Year Ended					
Current Salary					
Opening Balance					
Death Benefit					
Other Benefits					
Benefits Previously Rec'd					
Contributions (Employer)					
Contributions (Member)					
Benefits Tfd In					
Forfeited Benefits Rec'd					
Investment Income					
Insurance Payments					
Expenses					
Tax					
Insurance Premiums					
Benefits Paid					
Benefits Forfeited					
Accumulated Contributions					

## REGISTER OF MEMBERS

Name: Lynn Margaret Phillips

Address: 2/71 Sydney Road  
Manly NSW 2095

Date of Birth: 4/8/47

Sex: Female

Date of Entry as a Member: .....

Date Joined Company: .....

Year Ended					
Current Salary					
Opening Balance					
Death Benefit					
Other Benefits					
Benefits Previously Rec'd					
Contributions (Employer)					
Contributions (Member)					
Benefits Tfd In					
Forfeited Benefits Rec'd					
Investment Income					
Insurance Payments					
Expenses					
Tax					
Insurance Premiums					
Benefits Paid					
Benefits Forfeited					
Accumulated Contributions					

# APPLICATION FOR MEMBERSHIP

OF

Full Name: .....

Address: .....

Date of Birth: ..... Sex: .....

I hereby apply to become a member in category ..... of the abovementioned Fund which is administered in terms of a Trust Deed dated the ..... day of ..... 19 ..

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 benefit payable by the Trustees of the fund in the event of my death:

Name and Address	Relationship to member	Proportion of benefit
.....	.....	.....%
.....	.....	.....%
.....	.....	.....%

Dated this ..... day of ..... 19 ..

Signature of Applicant: .....

Witness: .....

\* Delete this clause if applicable

# APPLICATION FOR MEMBERSHIP

OF

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

I hereby apply to become a member in category \_\_\_\_\_ of the abovementioned Fund which is administered in terms of a Trust Deed dated the \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_.

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:-

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_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_.

Signature of Applicant: \_\_\_\_\_

Witness: \_\_\_\_\_

\* Delete this clause if applicable

# APPLICATION FOR MEMBERSHIP

OF

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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_____	_____	_____ %
_____	_____	_____ %

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_.

Signature of Applicant: \_\_\_\_\_

Witness: \_\_\_\_\_

\* Delete this clause if applicable

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OF

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Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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Name and Address	Relationship to member	Proportion of benefit
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_.

Signature of Applicant: \_\_\_\_\_

Witness: \_\_\_\_\_

\* Delete this clause if applicable

## APPLICATION FOR PARTICIPATION BY AN ASSOCIATED EMPLOYER

To the Trustees of:

I/We, \_\_\_\_\_  
(hereinafter called "the Associated Employer") hereby applies to participate in the above-mentioned Fund and to include the employees of the Associated Employer as members of the Fund and in consideration of the acceptance of the Associated employer as a participant in the fund, the Associated employer undertakes to contribute to the fund and be bound by the Trust Deed and Rules governing the fund as if it were originally named therein.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_.

THE COMMON SEAL OF \_\_\_\_\_

\_\_\_\_\_

was hereto duly affixed in the presence of:

\_\_\_\_\_  
Director

\_\_\_\_\_  
Secretary

SIGNED SEALED AND DELIVERED by the  
said

\_\_\_\_\_

\_\_\_\_\_  
(FULL NAME)

\_\_\_\_\_  
(SIGNATURE)

in the presence of:

\_\_\_\_\_

SIGNED SEALED AND DELIVERED by the  
said

\_\_\_\_\_

\_\_\_\_\_  
(FULL NAME)

\_\_\_\_\_  
(SIGNATURE)

in the presence of:

\_\_\_\_\_

\_\_\_\_\_  
N.B. The upper panel is to be used where the Associated Employer is a Company and the lower panel is to be used wher the Associated employer is a Partnership or Sole Trader

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DATED this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_.

THE COMMON SEAL OF \_\_\_\_\_

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\_\_\_\_\_  
Director

\_\_\_\_\_  
Secretary

SIGNED SEALED AND DELIVERED by the  
said

\_\_\_\_\_

\_\_\_\_\_  
(FULL NAME)

\_\_\_\_\_  
(SIGNATURE)

in the presence of:

\_\_\_\_\_

SIGNED SEALED AND DELIVERED by the  
said

\_\_\_\_\_

\_\_\_\_\_  
(FULL NAME)

\_\_\_\_\_  
(SIGNATURE)

in the presence of:

\_\_\_\_\_

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Director

\_\_\_\_\_  
Secretary

SIGNED SEALED AND DELIVERED by the  
said

\_\_\_\_\_

\_\_\_\_\_  
(FULL NAME)

\_\_\_\_\_  
(SIGNATURE)

in the presence of:

\_\_\_\_\_

SIGNED SEALED AND DELIVERED by the  
said

\_\_\_\_\_

\_\_\_\_\_  
(FULL NAME)

\_\_\_\_\_  
(SIGNATURE)

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Director

\_\_\_\_\_  
Secretary

SIGNED SEALED AND DELIVERED by the  
said \_\_\_\_\_

\_\_\_\_\_  
(FULL NAME)

\_\_\_\_\_  
(SIGNATURE)

in the presence of:  
\_\_\_\_\_

SIGNED SEALED AND DELIVERED by the  
said \_\_\_\_\_

\_\_\_\_\_  
(FULL NAME)

\_\_\_\_\_  
(SIGNATURE)

in the presence of:  
\_\_\_\_\_

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\_\_\_\_\_  
Director

\_\_\_\_\_  
Secretary

SIGNED SEALED AND DELIVERED by the  
said

\_\_\_\_\_  
(FULL NAME)

\_\_\_\_\_  
(SIGNATURE)

in the presence of:

SIGNED SEALED AND DELIVERED by the  
said

\_\_\_\_\_  
(FULL NAME)

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(SIGNATURE)

in the presence of:

N.B. The upper panel is to be used where the Associated Employer is a Company and the lower panel is to be used wher the Associated employer is a Partnership or Sole Trader

## MEMBER DETAILS

1. NAME OF FUND .....
2. FULL NAME .....
3. ADDRESS .....
- 4(A). SEX ..... 4(B). SMOKER (Y/N) .....
5. MARITAL STATUS .....
6. DATE OF BIRTH .....
7. OFFICE HELD IN COMPANY OR OCCUPATION .....
8. ARE YOU A SHAREHOLDER AND /DIRECTOR OF THE EMPLOYER OR AN ASSOCIATED COMPANY .....
9. DATE OF COMMENCEMENT OF SERVICE WITH THE COMPANY .....
10. NAME AND PERIOD OF SERVICE WITH ANY ASSOCIATED COMPANY OR FIRM .....  
.....
11. DATES OF PREVIOUS SERVICE WITH COMPANY, ASSOCIATED COMPANY OR FIRM .....  
.....
12. ANNUAL SALARY .....
13. (a) NAME OF ANY OTHER SUPERANNUATION APPROVED DEPOSIT FUND (A.D.F.),  
IMMEDIATE OR DEFERRED ANNUITY FUND OF WHICH APPLICANT IS A MEMBER .....  
.....  
(b) STATE THE INCOME TAX ASSESMENT ACT THE ABOVE FUND IS ESTABLISHED UNDER  
.....  
(c) DATE OF JOINING THE ABOVE FUND .....  
(d) CURRENT AMOUNT OF BENEFIT (IF ANY) .....  
(e) IF THE ABOVE FUND IS A LIFE INSURANCE FUND:  
Annual Premium paid on any life policy .....  
Date of maturity of policy .....  
Retirement age .....  
Retirement benefit amount .....
14. BENEFITS RECEIVED FROM ANY OTHER FUND .....  
Name of Fund .....  
Amount .....  
Date received .....

Dated this

day of

19

Signature of Applicant .....

## MEMBER DETAILS

1. NAME OF FUND .....
2. FULL NAME .....
3. ADDRESS .....
- 4(A). SEX ..... 4(B). SMOKER (Y/N) .....
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day of

19

Signature of Applicant .....

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Retirement age .....  
Retirement benefit amount .....
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Name of Fund .....  
Amount .....  
Date received .....

Dated this ..... day of ..... 19 .....

Signature of Applicant .....

### ASSOCIATED EMPLOYER CONTRIBUTION ACCOUNT

[illegible]



## MEMBER CONTRIBUTION ACCOUNT

MEMBER: .....

DATE JOINED: .....

DATE TERMINATED: .....

[illegible]

## MEMBER CONTRIBUTION ACCOUNT

MEMBER: .....

DATE JOINED: .....

DATE TERMINATED: .....

[illegible]

## MEMBER CONTRIBUTION ACCOUNT

MEMBER: .....

DATE JOINED: .....

DATE TERMINATED: .....

[illegible]

## SUPERANNUATION FUND LEDGER

[illegible]

## SUPERANNUATION FUND JOURNAL

[illegible]

## ASSET REGISTER

NAME OF FUND: .....

ASSET DESCRIPTION: .....

.....

PURCHASE DATE: .....

PURCHASE COST: .....

MAINTENANCE REQUIRED: .....

.....

.....

FORM OF MAINTENANCE: .....

.....

.....

CHARGES  
APPLIED TO ASSET: .....

.....

INCREASE/DECREASE  
IN VALUE: .....

.....

REASON FOR  
INCREASE/DECREASE .....

.....

CLOSING VALUE: .....

## ASSET REGISTER

NAME OF FUND: .....

ASSET DESCRIPTION: .....

.....

PURCHASE DATE: .....

PURCHASE COST: .....

MAINTENANCE REQUIRED: .....

.....

.....

FORM OF MAINTENANCE: .....

.....

.....

CHARGES  
APPLIED TO ASSET: .....

.....

INCREASE/DECREASE  
IN VALUE: .....

.....

REASON FOR  
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.....

CLOSING VALUE: .....

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ASSET DESCRIPTION: .....

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PURCHASE DATE: .....

PURCHASE COST: .....

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CHARGES .....

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PURCHASE DATE: .....

PURCHASE COST: .....

MAINTENANCE REQUIRED: .....

.....

.....

FORM OF MAINTENANCE: .....

.....

.....

CHARGES  
APPLIED TO ASSET: .....

.....

INCREASE/DECREASE  
IN VALUE: .....

.....

REASON FOR  
INCREASE/DECREASE .....

.....

CLOSING VALUE: .....