

APPLICATION FOR MEMBERSHIP

OF

FERNBANK SUPERANNUATION FUND

Full Name: Lynn Margaret Phillips

Address: 2/71 Sydney Road
Manly NSW 2095

Date of Birth: 4/8/47

Sex: Female

I hereby apply to become a member of 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 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:

L. Phillips

Witness: _____

* Delete this clause if applicable

APPLICATION FOR MEMBERSHIP

OF

FERNBANK SUPERANNUATION FUND

Full Name: Raymond Geoffrey Adams

Address: 2/71 Sydney Road
Manly NSW 2095

Date of Birth: 8/9/43

Sex: Male

I hereby apply to become a member of 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 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:

Raymond Adams

Witness: _____

* Delete this clause if applicable