

# Application for Membership

To the Trustees of the:

Woodhouse Superannuation Fund

I

Title	Mr	First Names	Garry Peter	Surname	Woodhouse
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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 22 / 5 / 1955

**Address for Correspondence**

23 Cooyal Street

Cowra NSW Postcode 2794

**Home Address (If different from above)**

As above

Postcode

Telephone	Facsimile
Phone (063) 42 3961	Fax ( )

Occupation	Annual Salary
Plumber	\$

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

Would you like The Super Group 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	%
S.C. Woodhouse	23 Cooyal St, COWRA. 2794.	WIFE	100

## 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: \_\_\_\_\_

*gpl Jacobson*

Date: \_\_\_\_\_

25/06/1998

## Principal Section

Principal Name: \_\_\_\_\_

Date Member joined your employ: \_\_\_\_\_

/ /

Date Member to join Fund: \_\_\_\_\_

/ /

Member to join Vesting Category: \_\_\_\_\_

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

**Note:** Where the 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 Principal wishes to have more than one category apply to the member then please attach full particulars.

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

/ /

# Application for Membership

To the Trustees of the:

Woodhouse Superannuation Fund

I

Title Mrs First Names Sandra Christine Surname Woodhouse

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 21/01/1951

### Address for Correspondence

23 Cooyal Street

Cowra NSW Postcode 2794

### Home Address (If different from above)

As above

Postcode

Telephone Facsimile  
Phone (063) 42 3961 Fax ( )

Occupation Annual Salary  
Plumber \$

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

Would you like The Super Group 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.P. Woodhouse	23 Cooyal St, COWRA. 2794.	HUSBAND	100

## 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: \_\_\_\_\_ Date: \_\_\_\_\_

25 / 06 / 1997

## Principal Section

Principal Name: \_\_\_\_\_

Date Member joined your employ:

Date Member to join Fund:

Member to join Vesting Category:  (see Appendix "1" of Trust Deed for vesting details)

**Note:** Where the 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 Principal wishes to have more than one category apply to the member then please attach full particulars.

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_