

Application for Membership

To the Trustees of the:

MATTHEWS	Superannuation Fund
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I,

Title	MR	First Names	PHILLIP JOHN	Surname	MATTHEWS
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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	<input checked="" type="checkbox"/>	Female	<input type="checkbox"/>	Date of Birth	18 / 11 / 41
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Address for Correspondence

PO BOX 3072
DARWIN NT
Postcode 0811

Home Address (if different from above)

UNIT 7, 2 MANTON STREET
DARWIN NT
Postcode 0800

Telephone

Home (08) 898 31 279	Work (08) 898 31 275
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Occupation

Annual Salary

SURVEYOR	\$
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Personal Tax File Number: (it is essential this area be completed)

545 280 246

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 Dependents, 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	%
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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

18 / 4 / 98

Employer / Principal Section

Employer/Principal Name: J. MATTHEWS & ASSOCIATES PTY LTD A.C.N. 061 381 600

Date Member joined your employ:

26 / 10 / 93

Date Member to join Fund:

/ /

Member to join Vesting Category:

☐

(see Appendix "I" 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

18 / 4 / 98

Application for Membership

To the Trustees of the:

MATTHEWS	Superannuation Fund
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I,

Title	MRS	First Names	VALMA LORRAINE	Surname	MATTHEWS
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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	<input type="checkbox"/>	Female	<input checked="" type="checkbox"/>	Date of Birth	26 / 02 / 45
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Address for Correspondence

PO BOX 3072
DARWIN NT
Postcode 0811

Home Address (if different from above)

UNIT 7, 2 MANTON STREET
DARWIN NT
Postcode 0800

Telephone

Home (08) 898 31 279	Work ()
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Occupation

Annual Salary

TEACHER	\$
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Personal Tax File Number: (it is essential this area be completed)

143 056 977

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 Dependents, 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	%
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Declaration

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- 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 U. L. Matthews Date 18 / 4 / 98

Employer / Principal Section

Employer/Principal Name: J. MATTHEWS & ASSOCIATES PTY LTD A.C.N. 061 381 600

Date Member joined your employ: 26 / 10 / 93 Date Member to join Fund: / /

Member to join Vesting Category: ☐ (see Appendix "I" 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 U. L. Matthews Date 18 / 4 / 98