

# APPLICATION FOR FUND MEMBERSHIP

## NOMINATION OF BENEFICIARIES

I hereby nominate the following person to receive the benefit payable by the Fund in the event of my death.

I further declare that this nomination only expresses my wishes and is to be a guide to the Trustee, and that consequently this nomination is not deemed to be of any significance.

Name: ROSLYN KENICE POCKOCK

A new nomination may be made at any time with the approval of the Trustee.

Address: 9 MORT CRESCENT

NAME ADDRESS TO MEMBER

Date of Birth: 9/11/54 Employed by: SLX TRAW PLY LTD  
(if applicable)

A. I hereby apply for admission as a Member of the fund and, in consideration of my admission as a Member, I agree to abide by and to be bound by the provisions of the Trust Deed governing the Fund.

B. I understand that a copy of the Trust Deed will be made available to me for perusal on demand at a reasonable time.

C. I hereby acknowledge receipt of written notice of the rights which I, if admitted as a Member, will have to receive benefits under the Fund.

D. I acknowledge that the name of the Trustee has been advised to me and I consent to those parties acting as Trustee.

E. I agree that whilst there are fewer than 6 members, an independent registered auditor need not be appointed.

Roslyn Pockock  
Signature

[Signature]  
Witness

Date: 30/6/93