

TO BE COMPLETED BY EMPLOYEE

**Application for Membership of Permanent Employees to the
Manildra Flour Mills Retirement Fund**

To be completed by Applicant:

I acknowledge that I have received a copy of the Manildra Flour Mills Retirement Fund Product Disclosure Statement and apply to become a member of a Category, determined by my employer, of the Manildra Flour Mills Retirement Fund. I agree to be bound by the Rules regulating the Fund.

I confirm that I want all superannuation contributions paid by the Manildra Group, including mandated employer contributions and personal contributions paid by payroll deduction, to continue to be paid to the Manildra Flour Mills Retirement Fund (the Fund) on and after 1 January 2014.

I understand that I can choose a different superannuation fund at any time. I understand that the Fund does not provide investment choice. I confirm that my accounts should be invested in accordance with the Fund's policies as disclosed in its Product Disclosure Statement and I specify that as my preferred investment option.

I acknowledge that the Trustee of the Fund has recommended that I seek advice from a licenced financial adviser. I understand that neither the Trustee nor its agents nor my employer has provided any advice on the appropriateness of the Fund for my needs.

Personal Particulars:

Name (Surname First): _____

Residential Address: _____

State: _____ Postcode: _____

Postal Address (if different): _____

State: _____ Postcode: _____

Date of Birth: _____ Sex: Male/Female

Options

I wish to contribute an additional voluntary contribution of:

\$_____ per week/month from my after tax salary

\$_____ per week/month from my before tax salary (salary sacrifice)

Please tick if applicable:

I wish to roll money into the Fund, please send me a form

I wish to apply for additional voluntary death and total and permanent disablement cover, please send me an application form

I wish to opt out of the Income Protection insurance, please send me an opt-out form

Signature of Applicant: _____

Signature of Witness: _____

Date: _____ / _____ /20

NEW ENTRANT NOMINATION

PERMANENT EMPLOYEES

To be completed by Payroll Officer

Location: _____

Date joined Company: _____

Category of Membership _____

Payroll: Weekly__ or Monthly__ (Tick Applicable)

Date Contributions Commenced: _____

Date Commenced for Taxation Purposes: _____
(see note)

Annual Salary \$ _____

Payroll Officer's Name: _____

Payroll Officer's Signature: _____

Note: The date to be used, in terms of the Income Tax Assessment Act, is the date of commencement of service with the current employer. Service can be extended where the employee became an employee as a result of previous takeover or takeovers where service can be continuous and the employee at no stage has cashed in a superannuation benefit or where the employee transferred benefits into the current superannuation plan from an earlier superannuation plan service with the earlier employer can count in these circumstances.

Trustee to Complete

Location: _____

Category of Membership: _____

*The Trustee hereby certifies that the person nominated above is eligible for admission to the fund as from
..... (the "Date Joined Fund").*

Signed at.....this.....day of20.....

Note: If the Trustee is unable to fully complete this certificate the appropriate sections should be deleted.

*Signed for and on behalf of the Trustee
(Any one authorised signature)*

.....Date:.....

ADMINISTRATOR USE ONLY:

Member Number: _____ Category _____

This document was prepared by Manildra Flour Mills Retirement Fund Pty Limited (ABN 74 065 680 195, AFSL 530609), the Trustee of the Manildra Flour Mills Retirement Fund (ABN 32 448 411 930)