

APPLICATION TO JOIN THE NEW ZEALAND LOCOMOTIVE ENGINEERS' SICKNESS, ACCIDENT & DEATH BENEFIT FUND

I hereby apply to join the New Zealand Locomotive Engineers Sickness, Accident & Death Benefit Fund

SECTION A - APPLICANT TO COMPLETE SECTION A ONLY

<i>Mr, Mrs, Ms, Miss</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Surname</i>
<i>Date of Birth</i>	<i>Company Staff Number</i>	<i>Employer</i>	<i>Work Location (e.g. Wellington)</i>
<i>Street</i>	<i>Date Joined Locomotive Area</i>		<i>Date Certified to Operate Locomotives</i>
<i>Suburb</i>	<i>Designation</i>		<i>Date Last HX Medical</i>
<i>Town</i>	<i>Post Code</i>		

I have not previously received a Loss of Certificate Benefit from the New Zealand Locomotive Engineers Sickness, Accident, & Death Benefit Fund.

I authorise the deduction of my New Zealand Locomotive Engineers Sickness, Accident, & Death Benefit Fund contributions from my wages.

<i>Signature</i>	<i>Date</i>

Applicant, after completing Section A Only, please forward the application to your respective Company Manager for processing and then use the Freepost Envelope provided for your convenience.

SECTION B - COMPANY MANAGER TO COMPLETE SECTION B ONLY

Company Acknowledgement that all 'Trust Fund Entry Criteria Requirements' have been met:

I can confirm that;

1. The applicant has had the appropriate medical examination (the medical being within 4 months of this application),
2. On the advice of the Company Medical Advisor the applicant is fit for duty and deemed to be a standard life risk,
3. The applicant is a fulltime employee of the Company (or a Participating Company),
4. The applicant holds a Locomotive Engineers Certification (as issued by the Company to Locomotive Engineers as specified in the third schedule of the Trust Deed),
5. The applicant is carrying out normal Locomotive Engineers duties,
6. The above dates supplied by the applicant regarding Certification and last HX Medical are correct (please amend accordingly).

<i>Signed</i>	<i>Print Name</i>	<i>Dated</i>

To be signed by the Company Authorised Manager, then the Original Form is to be forwarded to the Fund Secretary for processing, NZLESADB Fund, PO Box 813, Wellington.

FOR TRUST FUND ADMINISTRATION USE ONLY	
Date Applicant Advice Received	
Date Company Advice Received	
Date Applicant Accepted by Trustees	
Date Entered	