



**RAAF  
WELFARE  
TRUST FUND**

**GROUP LIFE INSURANCE SCHEME**

**MEMBERSHIP APPLICATION FORM**

I have read and agree to the the Conditions and Rules of the RAAF Welfare Trust Fund Group Life Insurance Scheme. I hereby direct the RAAF Welfare Trust Fund to pay any lump sum payable in respect to my death to the person nominated by me below. In the event that the person nominated below pre-deceases me I hereby direct that the executor of my estate to nominate an alternate beneficiary. I also acknowledge that this authority will remain in force unless superseded by me or I cease to be a financial member of the Scheme. I also undertake to update my nominated beneficiary details as and when I consider necessary in view of my personal circumstances that exist from time to time.

I also acknowledge that it is my responsibility to ensure that membership subscriptions are paid to the Fund in accordance with the prescribed manner detailed on the Fund's website.

**YOUR DETAILS:**

**RANK:**  **SURNAME:**  **GIVEN NAMES:**

**PMKEYS NUMBER:**

**DATE OF BIRTH (DD/M/YY):**

**YOUR NOMINATED BENEFICIARY DETAILS : (BENEFICIARY MUST BE AT LEAST 18 YEARS OF AGE)**

**TITLE:**   
**SURNAME:**   
**GIVEN NAMES:**   
**RELATIONSHIP TO YOU:**   
**IF OTHER - SPECIFY** →

**CURRENT ADDRESS OF BENEFICIARY (Include State and Postcode):**

Signature