

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 & Suburb</i>	<i>Date Joined Locomotive Area</i>	<i>Date Certified to Operate Locomotives</i>	
<i>Town & Post Code</i>	<i>Designation</i>	<i>Date Last HX Medical</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 the NZ LE SAD Fund PO Box 813 Wellington or email to admin@rmtunion.org.nz or fax 04-471-0896.

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>Manager to Sign</i>	<i>Print Name</i>	<i>Dated</i>
<i>Company HR Manager to Sign</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	