

PARTICIPATING EMPLOYERS* APPLICATION

To: The Trustees of the Aon Master Trust (PNG) (Hereinafter called "the Fund")

Employer Name	
Postal Address	
Contact Details	
Phone	
Fax	
Email	

(hereinafter called "the Employer") hereby applies to participate in the Fund and to include such employees as the employer may decide from time to time as members of the Fund and in consideration of the acceptance of the Employer as a participant of the fund, the Employer undertakes to bound by the Trust Deed and Rules governing the Fund as if it were originally named therein.

Authorized Signatories

Name Position Signature

Name Position Signature

Dated this _____ day of _____ Year _____

Was hereunto Affixed
In the presence of.....

.....
Witness

*** The Employer must attach a copy of its Certificate of Incorporation**