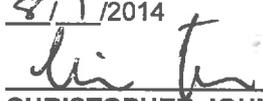


**APPLICATION FOR MEMBERSHIP
JOHNSON SUPERANNUATION FUND
CONFIDENTIAL**

I, **CHRISTOPHER JOHNSON** of 74 CENTAUR STREET, KIPPA-RING, QLD 4021 apply for admission to membership of the Fund.

I state that I am eligible to be admitted as a member of the Fund and to be appointed a Trustee or a director of a corporate Trustee if the Fund is a self managed superannuation fund. I agree:

- (1) To be bound by the Trust Deed governing the Fund as it is or may be varied from time to time (and state I understand the terms and conditions of the Trust Deed, including the benefits payable, my rights and the rights of my Dependants).
- (2) To the Trustee acting as Trustee of the Fund.
- (3) If the Fund is a self managed fund to be appointed a Trustee or a director of the corporate Trustee.
- (4) To give the Trustee my details (including any Tax File Number), or for the Trustee to obtain them from my Employer.
- (5) To advise the Trustee of any preserved benefits or other relevant information regarding my superannuation contributions and benefits.
- (6) To give any other information the Trustee may require for the purposes of the Fund.

Dated: 8/1/2014
 Signature: 
 Occupation: Operations
 Date of birth: 6/9/62
 Tax File Number: 65941101



NON-BINDING NOMINATION OF DEPENDANT(S)

I nominate the following persons as my Nominated Dependants to receive any Benefits payable on my death, and I acknowledge this is not a binding nomination:

| NAME | RELATIONSHIP | % OF TOTAL BENEFIT |
|-------------------------------------|---------------------|--------------------|
| Nicole Cornelia Johnson | Daughter | 25% |
| Jodie Anne Johnson | Daughter | 25% |
| Gawtney Paula Johnson | Daughter | 25% |
| Frieda Christine Johnson | Daughter | 25% |

AS PER ESTATE


**APPLICATION FOR MEMBERSHIP
JOHNSON SUPERANNUATION FUND
CONFIDENTIAL**

I, **CARMEL JOHNSON** of 74 CENTAUR STREET, KIPPA-RING, QLD 4021 apply for admission to membership of the Fund.

I state that I am eligible to be admitted as a member of the Fund and to be appointed a Trustee or a director of a corporate Trustee if the Fund is a self managed superannuation fund. I agree:

- (1) To be bound by the Trust Deed governing the Fund as it is or may be varied from time to time (and state I understand the terms and conditions of the Trust Deed, including the benefits payable, my rights and the rights of my Dependants).
- (2) To the Trustee acting as Trustee of the Fund.
- (3) If the Fund is a self managed fund to be appointed a Trustee or a director of the corporate Trustee.
- (4) To give the Trustee my details (including any Tax File Number), or for the Trustee to obtain them from my Employer.
- (5) To advise the Trustee of any preserved benefits or other relevant information regarding my superannuation contributions and benefits.
- (6) To give any other information the Trustee may require for the purposes of the Fund.

Dated: 8/1/2014
Signature: 
Occupation: _____
Date of birth: 24/06/64
Tax File Number: 547 489 030



NON-BINDING NOMINATION OF DEPENDANT(S)

I nominate the following persons as my Nominated Dependants to receive any Benefits payable on my death, and I acknowledge this is not a binding nomination:

| NAME | RELATIONSHIP | % OF TOTAL BENEFIT |
|-----------------------|--------------|--------------------|
| <u>As per Estate.</u> | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |