

APPLICATION FOR MEMBERSHIP

To the Trustee/s,

Name of Fund: Gorrie Services Super Fund

Peter Graeme Gorrie & Joan Frances Gorrie,
50 Hampton Court
Rocksberg Qld 4510

I, Peter Graeme Gorrie apply for admission to membership of the Fund and undertake as follows:

- (i) I will be bound by the Trust Deed governing the Fund as it is presently constituted or as it may be varied from time to time.
- (ii) I understand the terms and conditions of the Trust Deed including benefits payable to Members and understand my rights and the rights of my dependents pursuant to the Trust Deed.

My personal details and those of my employer/s are attached to this application. I acknowledge that the discretion vested in you by Rule 12.2 of the Fund is an absolute and unfettered discretion but I express the wish that in the exercise of such discretion you give consideration to paying lump sum death benefit in the following proportions:-

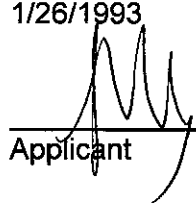
Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	% of Lump Sum Death Benefit

I understand that the Trustee is required to request that I provide my Tax File Number for the purposes of Section 299F of the *Income Tax Assessment Act 1936 (as amended)*. I further understand that I am under no obligation to supply this number, but that should I fail to do so, tax may be deducted from my account at the top marginal rate.

My Tax File Number is: 135 869 156

Dated: 1/26/1993

Signature:


Applicant

APPLICATION FOR MEMBERSHIP

To the Trustee/s,

Name of Fund: Gorrie Services Super Fund

50 Hampton Court
Rocksberg Qld 4510

I, Joan Frances Gorrie apply for admission to membership of the Fund and undertake as follows:

- (i) I will be bound by the Trust Deed governing the Fund as it is presently constituted or as it may be varied from time to time.
- (ii) I understand the terms and conditions of the Trust Deed including benefits payable to Members and understand my rights and the rights of my dependants pursuant to the Trust Deed.

My personal details and those of my employer/s are attached to this application. I acknowledge that the discretion vested in you by Rule 12.2 of the Fund is an absolute and unfettered discretion but I express the wish that in the exercise of such discretion you give consideration to paying lump sum death benefit in the following proportions:-

Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	% of Lump Sum Death Benefit

I understand that the Trustee is required to request that I provide my Tax File Number for the purposes of Section 299F of the *Income Tax Assessment Act 1936 (as amended)*. I further understand that I am under no obligation to supply this number, but that should I fail to do so, tax may be deducted from my account at the top marginal rate.

My Tax File Number is: 159 301 307

Dated:

1/26/1993

Signature:


Applicant