

NOTICE OF CONSENT TO ACT AS TRUSTEE

1. JANICE ANN SILVA

hereby consent to act as a Trustee of The Bensì Superannuation Fund.


(a) I confirm that I have not at any time

(i) been convicted of an offence against or arising out of a law of the Commonwealth, a State, a Territory, or a foreign county, being an offence in respect of dishonest conduct; or

(ii) had a civil penalty order made against me.

(b) I am not currently an insolvent under administration.

Dated this 11th day of March 1995.

Signature. .....
JANICE ANN SILVA

NOTICE OF CONSENT TO ACT AS TRUSTEE

2. RONALD ERNEST SILVA

hereby consent to act as a Trustee of The Bensi Superannuation Fund.

- (c) I confirm that I have not at any time
- (i) been convicted of an offence against or arising out of a law of the Commonwealth, a State, a Territory, or a foreign county, being an offence in respect of dishonest conduct; or
 - (iii) had a civil penalty order made against me.
- (d) I am not currently an insolvent under administration.

Dated this 11th day of March 1995.

Signature. *X* *R. E. Silva*.....
RONALD ERNEST SILVA

APPLICATION FOR MEMBERSHIP

Name of Fund: Silva Family Superannuation Fund

Member's Name: Janice Ann Silva

(Minor's Name if on behalf of minor)

Address:

349 Esplanade
ALTONA VIC 3018

Date of Birth: 23/07/1938

Occupation:

Telephone:

Fax:

Tax File Number.

Contributing Employer(s):

I hereby apply to become a Member of the above-mentioned Fund.

• I apply as the parent or guardian of and on behalf of the minor referred to above. (Delete if Inapplicable)

I understand that my membership is subject to terms and conditions specified in the Governing Rules.

This application is accompanied by a Product Disclosure Statement.

I have received from the Trustee a notice containing information needed for the purpose of understanding the main features of the Fund, its management and financial condition and investment performance. (The Trustee must attach these if the Member is joining at a time other than when the fund is established).

Signed:

Dated: 11/3/1995

X *Janice Ann Silva*

APPLICATION FOR MEMBERSHIP

Name of Fund: Silva Family Superannuation Fund

Member's Name: Ronald Ernest Silva

(Minor's Name if on behalf of minor)

Address:

349 Esplanade
ALTONA VIC 3018

Date of Birth: 14/03/1932

Occupation:

Telephone:

Fax:

Tax File Number.

Contributing Employer(s):

I hereby apply to become a Member of the above-mentioned Fund.

• I apply as the parent or guardian of and on behalf of the minor referred to above. (Delete if Inapplicable)

I understand that my membership is subject to terms and conditions specified in the Governing Rules.

This application is accompanied by a Product Disclosure Statement.

I have received from the Trustee a notice containing information needed for the purpose of understanding the main features of the Fund, its management and financial condition and investment performance. (The Trustee must attach these if the Member is joining at a time other than when the fund is established).

Signed:

Dated: 11/3/1995

X *Ronald Ernest Silva*