## **SCHEDULE 2**

## PART 1 Application for Membership With Indicative Death Benefit Nomination – No Binding Death Benefit Nomination

SCHILUNG ESMURDIE

Member details

Name: Address: Date of Birth F KIEV COURT 14-7-1943 PENSIONER

Occupation: PENSIO	- EL			
Telephone:				
Tax File No: 630 t	193509.			
Amount of Deposit (\$)*:				
* (A Statement of Termination Payment needs to be attached if an amount is being transferred from another				
superannuation fund)				
I hereby apply to become a memi	ber of BRENJUME	SUPERANUARION FUND		
8				
8 And Schilling		itions specified in the Trust Deed governing the Fund.		
SIGNED DATED 1	-5-207			
Employer details	STATE OF THE PARTY OF THE PARTY OF THE PARTY.			
Employer:				
Address:				
Nomination of dependants				
A CONTRACTOR OF THE CONTRACTOR				
Important information for co	mpletion	(1) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
This Nomination Notice is not binding. The Trustee/s will take it into account in the event that a benefit is paid from the Fund on your death. However, the Trustee/s have complete discretion as to which of your Dependants and/or Legal Personal Representative may receive the benefit and in what proportions. If there are no Dependants or Legal Personal Representative, the benefit may be payable to any other person.				
	- A - A - A - A - A - A - A - A - A - A	in accordance with the details below:		
1,110		in accordance with the details below:		
<ul> <li>Ensure both pages of th</li> </ul>	ils Notice are completed.			
<ul> <li>The Beneficiaries name</li> </ul>	d in this Notice must be Depen	ndants and/or your Legal Personal Representative.		
<ul> <li>Your Dependants are your spouse, de facto spouse and your children (including step, adopted and ex-nuptial children), and any other person financially dependent upon you at the time of your death.</li> </ul>				
<ul> <li>Your Legal Personal Representative is either the person named as your executor in your will, or, if you do not have a valid will at the date of your death, the person who, as your next of kin, applies for and has been granted letters of administration for your estate. Should you wish to nominate your legal personal representative, please write 'Legal Personal Representative' as the name of the Beneficiary.</li> </ul>				
<ul> <li>For each person nominated, you must provide both their relationships to you and the proportion of any benefit that is to be paid to each.</li> </ul>				
Nomination of dependants		Proportion of benefit		
Name TUDITH M SCHILLING	Relationship to you	1 00 0		
JUDITH M SCHILLING	WIFE	(05 8		
Member declaration				
I BRENT M SCHILL	WU - 7 10	IEV COURT LESMUNE 6076		
as a member of the Fund, request the Trustee/s to pay my death benefit to the above persons in the proportions shown.				
I understand that:				
<ul> <li>in the event of my death, the Trustee/s have complete discretion as to which of my dependants and/or estate will receive any death benefit payable.</li> </ul>				
• this Notice revokes and amends any previous notice supplied to the Trustee/s of the Fund in regard to my nominated beneficiaries.				
Signature of Member		Date		
XBM Dalle	fulling	1 15 1 2057		
		v 8		
	A CONTRACT OF THE CONTRACT OF			

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Member details	COLUMN THE STATE	The Street of the State of Control of the			
		MCDERMON			
Address: 7 KIEV		LESMURDIE	6076		
	3/1945				
Occupation: Peniou	EV.				
Telephone:	11 85.				
107.1101101	11 835				
Amount of Deposit (\$)*:	tion Daymont r	noods to be attack	and if an amount is being transferred from another		
* (A Statement of Termination Payment needs to be attached if an amount is being transferred from another superannuation fund)					
superannuation runa,					
I hereby apply to become a memi	ber of Brze	NJUDE SU	DETAMUATION FIND		
I understand that my membership is subject to terms and conditions specified in the Trust Deed governing the Fund.					
SIGNED DATED 1-5-2007					
Employer details Employer:		Y ST. DAY HE SELVEN MENTER			
Address:					
Nomination of dependants					
Important information for co	mulation	Endered Military America	Constitution of the state of th		
<ol> <li>This Nomination Notice is not binding. The Trustee/s will take it into account in the event that a benefit is paid from the Fund on your death. However, the Trustee/s have complete discretion as to which of your Dependants and/or Legal Personal Representative may receive the benefit and in what proportions. If there are no Dependants or Legal Personal Representative, the benefit may be payable to any other person.</li> <li>This Nomination Notice must be fully completed in accordance with the details below:</li> </ol>					
<ul> <li>Ensure both pages of th</li> </ul>	nis Notice are com	pleted.			
<ul> <li>The Beneficiaries name</li> </ul>	d in this Notice mu	ust be Dependants and	d/or your Legal Personal Representative.		
			our children (including step, adopted and ex-nuptial children),		
and any other person fi					
<ul> <li>Your Legal Personal Representative is either the person named as your executor in your will, or, if you do not have a valid will at the date of your death, the person who, as your next of kin, applies for and has been granted letters of administration for your estate. Should you wish to nominate your legal personal representative, please write 'Legal Personal Representative' as the name of the Beneficiary.</li> <li>For each person nominated, you must provide both their relationships to you and the proportion of any benefit that is to be paid to each.</li> </ul>					
Nomination of dependants	B. L. Lindon	Day of the last of			
BRENT M SCHILLING	Relationship to		portion of benefit		
BOERT W. SCHILLING	1403134	21,3	162 3		
To the state of th					
a see assessment that is in		-			
Member declaration	State of the state of	ALL PROPERTY OF THE PARTY OF TH	nder i de de manifestation de la métado establisha de la media		
I, JUDITH M SCHILLING of '7 KIEV COURT LESMURDIE 6076 as a member of the Fund, request the Trustee/s to pay my death benefit to the above persons in the proportions shown.					
I understand that:					
• in the event of my death, the Trustee/s have complete discretion as to which of my dependants and/or estate will receive any death benefit payable.					
this Notice revokes and amends any previous notice supplied to the Trustee/s of the Fund in regard to my nominated beneficiaries.					
Signature of Member			Date		
XIM JM Dohn	lly		11512007		