

SCHEDULE 2

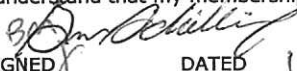
PART 1 Application for Membership With Indicative Death Benefit Nomination – No Binding Death Benefit Nomination

Member details	
Name:	BRENT MACLAREN SCHILLING
Address:	7 KIEV COURT LESMURDIE WA 6076
Date of Birth:	14-7-1942
Occupation:	PENSIONER
Telephone:	
Tax File No:	630 493 509
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 member of BRENSJAE SUPERANNUATION FUND

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:	
Address:	

Nomination of dependants

Important information for completion	
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.
2.	This Nomination Notice must be fully completed in accordance with the details below: <ul style="list-style-type: none"> • Ensure both pages of this Notice are completed. • The Beneficiaries named in this Notice must be Dependants and/or your Legal Personal Representative. • 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. • 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. • 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.


Nomination of dependants		
Name	Relationship to you	Proportion of benefit
TUDITH M SCHILLING	WIFE	100%

Member declaration

I, BRENT 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 1 1 5 1 2007
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SCHEDULE 2

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

Member details	
Name:	JUDITH MARGA McDERMOTT SCHILLING
Address:	7 KIEV COURT LESMURDIE 6076
Date of Birth:	04/03/1945
Occupation:	RETIRED
Telephone:	
Tax File No:	672 111 835
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 member of BRENSUDE SUPERANNUATION FUNDS

I understand that my membership is subject to terms and conditions specified in the Trust Deed governing the Fund.

JM 
 SIGNED DATED 1-5-2007

Employer details	
Employer:	
Address:	

Nomination of dependants

Important information for completion	
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.
2.	This Nomination Notice must be fully completed in accordance with the details below: <ul style="list-style-type: none"> • Ensure both pages of this Notice are completed. • The Beneficiaries named in this Notice must be Dependants and/or your Legal Personal Representative. • 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. • 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. • 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.

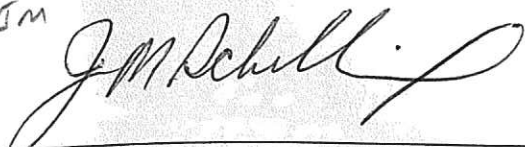
Nomination of dependants		
Name	Relationship to you	Proportion of benefit
BRENT M SCHILLING	HUSBAND	100%

Member declaration

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 X JM 	Date 11/5/2007
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