

**Application for Membership INFENSUS SUPERANNUATION FUND
("the Fund") and Appointment as Trustee**

I, LEONIE JUNE OLIVER

of 180 FLOWERS RD, BINNA BURRA NSW

1. Appointment as Trustee

I hereby consent to become a trustee or director of the trustee company (unless a specific exemption from being a trustee exists under the superannuation laws) and to be bound by all of the rules contained within the governing rules of the Fund, the laws under the Superannuation Industry (Supervision) Act 1993 (SIS Act), the Income Tax Assessment Acts 1936 and 1997, the Family Law Act 1975 (Part VIIIB), the Social Security Act 1991, the Veterans Entitlements Act 1986, the relevant State Trustee Act, any successor acts and all regulations made for the purposes of the foregoing acts to ensure that:

- a) The fund is continuously maintained as a self managed super fund; and
- b) The fund remains a continuously complying superannuation fund.

Furthermore I formally declare that, to the best of my knowledge that all of the members of the Fund are trustees or directors of the trustee company unless specifically exempted under Section 17A of the SIS Act and that the trustee is not a disqualified person as that term is defined under the rules of the Fund and pursuant to Part 15 of the SIS Act.

2. Application for Membership

I hereby apply for membership of the Fund. I acknowledge that I have read the product disclosure statement. I agree, upon acceptance of my membership to:

- 1. Be bound by the terms of the deed and all of the rules of the Fund, a copy of which is at the office of the trustee;
- 2. Be bound by all decisions of the trustee including decisions that may impact upon my membership benefits provided those decisions are made in accordance with the rules of the Fund, the superannuation laws and the trustee laws;
- 3. I nominate the following Dependants (spouse or children) to be entitled to any benefit that I may have in the Fund upon my death:

Name	Relationship	% of Benefit

- 4. The above is in place until I provide the trustee, within a reasonable period of time a detailed death benefit plan that may include a non-binding or binding death benefit nomination;
- 5. Be a trustee of the Fund or director of the trustee company unless there is a specific trustee exemption in place in respect of my trusteeship under the superannuation laws;
- 6. Provide information to the trustee where required including medical information enabling the trustee to facilitate any death or disablement insurance on my behalf;

7. Provide my tax file number to the trustee provided the trustee abides by the laws relating to the collection and dissemination of my tax file number;
8. Consent to the trustee to hold that information despite anything to the contrary in the privacy legislation;
9. Ensure that at the time of making any super contributions that those contributions are made in accordance with the superannuation laws;
10. Notify the trustee where I become disabled, retired, meet some other condition of release of my benefits from the preservation rules or if I become divorced; and
11. Declare that the information I provide to the trustee will be true and correct and I acknowledge that I will inform the trustee of any changes.

Date of Birth 7/5/1949 Tax File Number 122940148

Signed L. Olive Date 14/06/2012