

FACSIMILE

To: Susan Livingstone, Simpson & Winslow

Fax: 07 5561 8700

From: Dorothy Sinclair

Fax: 07 3372 1262

Message:

Please find attached 10 pages being Trust Declarations; Consent to Appointment as Trustee; and Membership Applications for The Sinclair Family Super Fund for both Rowen and myself.

Can you please confirm receipt of this fax via email.

With thanks,

Dorothy

Sinclair Family Super Fund

Individual Trustee Declarations

I make the following declarations:

- I have not been convicted of an offence against or arising out of a law of the Commonwealth, a State, a Territory or a foreign country, being an offence in respect of dishonest conduct.
- I have not had a civil penalty order made against me under the *Superannuation Industry (Supervision) Act 1993*.
- I am not an insolvent under administration.
- I have not been disqualified under section 120A of the *Superannuation Industry (Supervision) Act 1993*.

Date:

15/7/08

Signed:



Rowen Neil Sinclair

Trustee

Sinclair Family Super Fund
Individual Trustee Declarations

I make the following declarations:

- I have not been convicted of an offence against or arising out of a law of the Commonwealth, a State, a Territory or a foreign country, being an offence in respect of dishonest conduct.
- I have not had a civil penalty order made against me under the *Superannuation Industry (Supervision) Act 1993*.
- I am not an insolvent under administration.
- I have not been disqualified under section 120A of the *Superannuation Industry (Supervision) Act 1993*.

Date:

15/7/08

Signed:

DSinclair

Dorothy Maureen Sinclair
Trustee

Sinclair Family Super Fund

Consent to Appointment as Trustee

I consent to being appointed a trustee of the Sinclair Family Super Fund.

Date: 15/7/08

Signed: 
Rowen Neil Sinclair

Sinclair Family Super Fund

Consent to Appointment as Trustee

I consent to being appointed a trustee of the Sinclair Family Super Fund.

Date:

15/7/08

Signed:

DSinclair

Dorothy Maureen Sinclair

Application to become a Member

This Application Form contains your Death Benefit Nomination and undertakings which must be made by you. It is also accompanied by the Product Disclosure Statement relevant to the fund contained in Annexure A.

Part 1 Application and undertakings

- I apply to become an initial member of this fund under the trust deed.
- I make each of the following undertakings:
 - I am not in an employment relationship with another member.
 - I am not a disqualified person under superannuation law from being a trustee of the fund.
 - I will comply with the trust deed.
 - Upon request, I will fully disclose in writing any information required by the trustee in respect of my membership of the fund. This includes disclosing:
 - Any circumstance which may lead to my entering into an employment relationship with any other member of the fund who is not also a relative of mine.
 - That I may become disqualified under superannuation law from being a trustee of the fund.
 - Any information in relation to my medical condition.
- I will act as a trustee of the fund.
- I understand the trust deed, particularly its terms concerning the benefits payable under it, and I have read and understood the attached Product Disclosure Statement, annexed and marked 'A'.
- I have read and understand the prescribed information relating to the collection of Tax File Numbers by the trustees of superannuation funds.

I attach a completed ATO Individual Tax File Number Notification form.

Applicant name	Rowen Neil Sinclair
Applicant address	333 Blunder Road, Durack QLD 4077
Applicant occupation	Self Employed
Date of birth	20 June 1961
Applicant place of birth	QLD, Australia

Part 2 Death benefit: beneficiary nomination

This is a direction to the trustee as to how to apportion any benefit payable on the member's death. It is not a binding death benefit notice and the trustee retains the discretion as to how to apply any benefit payable upon the member's death. I direct the trustees that the person named in the following table is to receive the proportions specified in that table of the benefit that is payable if I die.

Person	Relationship to member	Proportion of death benefit
		%

Date: _____ Signed by the applicant: _____
Rowen Neil Sinclair

Witness: _____ Name: _____

Part 3 Provision of member's tax file number to regulated superannuation fund

To the trustees of the Sinclair Family Super Fund.

I have been informed of the reasons why my TFN is sought by the fund.

My TFN is . 484 505 987.

Date: 15/7/08

Signed: 
Rowen Nell Sinclair

Application to become a Member

This Application Form contains your Death Benefit Nomination and undertakings which must be made by you. It is also accompanied by the Product Disclosure Statement relevant to the fund contained in Annexure A.

Part 1 Application and undertakings

- I apply to become an initial member of this fund under the trust deed.
- I make each of the following undertakings:
 - I am not in an employment relationship with another member.
 - I am not a disqualified person under superannuation law from being a trustee of the fund.
 - I will comply with the trust deed.
 - Upon request, I will fully disclose in writing any information required by the trustee in respect of my membership of the fund. This includes disclosing:
 - Any circumstance which may lead to my entering into an employment relationship with any other member of the fund who is not also a relative of mine.
 - That I may become disqualified under superannuation law from being a trustee of the fund.
 - Any information in relation to my medical condition.
- I will act as a trustee of the fund.
- I understand the trust deed, particularly its terms concerning the benefits payable under it, and I have read and understood the attached Product Disclosure Statement, annexed and marked 'A'.
- I have read and understand the prescribed information relating to the collection of Tax File Numbers by the trustees of superannuation funds.

I attach a completed ATO Individual Tax File Number Notification form.

Applicant name	Dorothy Maureen Sinclair
Applicant address	333 Blunder Road, Durack QLD 4077
Applicant occupation	Home Duties
Date of birth	05 January 1962
Applicant place of birth	QLD, Australia

Part 2 Death benefit: beneficiary nomination

This is a direction to the trustee as to how to apportion any benefit payable on the member's death. It is not a binding death benefit notice and the trustee retains the discretion as to how to apply any benefit payable upon the member's death. I direct the trustees that the person named in the following table is to receive the proportions specified in that table of the benefit that is payable if I die.

Person	Relationship to member	Proportion of death benefit
		%

Date: _____ Signed by the applicant: _____
Dorothy Maursen Sinclair

Witness: _____ Name: _____

Part 3 Provision of member's tax file number to regulated superannuation fund

To the trustees of the Sinclair Family Super Fund.

I have been informed of the reasons why my TFN is sought by the fund.

My TFN is . 486 879 714

Date:

15/7/08

Signed:

DM Sinclair

Dorothy Maureen Sinclair
