

McPeake Superannuation Fund (FUND)

INITIAL MEMBERS - MEMBERSHIP DETAILS

CONFIDENTIAL

TO: THE TRUSTEE OF THE FUND

1. AGREEMENT AND UNDERTAKING

I, the undersigned person, being an initial member under the trust deed for the Fund, agree and undertake that:

- (a) if I am in an Employment Relationship with any other Member, I am also a Relative of the other Member(s);
- (b) I am not disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;
- (c) I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time;
- (d) I will, on request, make full disclosure in writing of any information required by the Trustee in respect of my medical condition or my membership of the Fund including any circumstance which may have the effect that:
 - (i) I may enter into an Employment Relationship with any other Member or Members where I will not also be a Relative of the other Member(s); or
 - (ii) I may become disqualified under the Relevant Law from holding the office of a Trustee or as a director of the Trustee;
- (e) I understand the terms and conditions of the Trust Deed including the terms and conditions of Division B of the Deed concerning benefits payable;
- (f) I have read and understand the prescribed information relating to the collection of Tax File Numbers by trustees of superannuation funds and attach a completed Australian Taxation Office Individual Tax File Number Notification Form; and
- (g) I agree to act as a Trustee for the Fund or to act as a Director of the Trustee.

| | |
|-----------------------|---|
| Name: | Elisabeth McPeake |
| Address: | 13 Donnika Street, Dernancourt, SA 5075 |
| Date of Birth: | 09/04/1960 |

Elisabeth McPeake
Signature of Member

_____/_____/_____
Date (Please ensure that you date this part of the form)

2. NOMINATED RECIPIENT (NON-BINDING)

I nominate the undermentioned persons as my Nominated Recipients*:

| Surname(s) | Given Name(s) | Relationship | % of Total Benefit |
|------------|---------------|--------------|--------------------|
| MCDONALD | BRETT | SPOUSE | 100 |
| | | | |
| | | | |
| | | | |
| | | TOTAL | 100% |

Im Leake
Signature of Member

 / /
Date (Please ensure that you date this part of the form)

3. BINDING DEATH BENEFIT NOTICE

I require the Trustee to pay, upon my death, benefits to the person or persons*, and in the proportions, specified below:

| Surname(s) | Given Name(s) | Relationship | % of Total Benefit |
|------------|---------------|--------------|--------------------|
| MCPHARSON | BRETT | HUSBAND | 100 |
| | | | |
| | | | |
| | | | |
| | | TOTAL | 100% |

Im Leake
Signature of Member

 / /
Date (Please ensure that you date this part of the form)

**The person or persons must be either a Dependant or your legal personal representative or a combination of both. If you wish to nominate your legal personal representative in either section 2 or section 3, please write the words "legal personal representative" or "estate".*

4 WITNESSES

We declare that the Member signed and dated section 3 of this form in our presence and that:

- (a) we are each 18 years of age or over; and
- (b) we are neither the Dependents specified above nor the legal personal representatives of the Member.

Signature of Witness

_____/_____/_____
Date (Please ensure that you date this part of the form)

Signature of Witness

_____/_____/_____
Date (Please ensure that you date this part of the form)