

APPLICATION FOR MEMBERSHIP

OF

AUSILLION WEALTH SUPER FUND

Full Name: LIEZL HEALY

Address: 14 Lopez Crescent
ASHBY WA 6065

Date of Birth: 20/06/1974

Sex: Female

I make application to become a member of AUSILLION WEALTH SUPER FUND ("The Fund")

* I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.

* I hereby apply to make contributions to the Fund and agree to be bound by the Deed and Rules governing the Fund.

Pursuant to the authorisations for the collection of Tax File Numbers ("TFN") contained in the taxation laws, the *Superannuation Industry (Supervision) Act 1993* and the *Privacy Act 1988*, I hereby agree to provide my TFN as follows:

My Tax File Number is: 874 558 906
And I hereby authorise the Trustees to use this tax file number.

NOMINATION OF BENEFICIARIES

Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I hereby nominate the following persons to receive the benefit payable by the Trustees of the Fund in the event of my death:

| Name and Address | Relationship to Member | Proportion of Benefit |
|--|------------------------|-----------------------|
| TIMOTHY JAMES HEALY | | |
| 14 LOPEZ CRESCENT ASHBY PERTH WA 6065 | HUSBAND | 100 % |
| | | % |

Dated this 22ND day of MAY 2018

Signature of Applicant: Healy

Witness: [Signature] ANDREW JOHN BAILLIE

* Delete this clause if inapplicable