

APPLICATION FOR MEMBERSHIP

TO THE TRUSTEE OF ESTHER RUBERL SUPERANNUATION FUND

FROM: Esther Mercedes Ruberl

OF: 12 Nelson Street
Sandringham VIC 3191

I apply to become a member of the abovementioned superannuation fund on the terms and conditions specified in the Trust Deed from the time being governing the Fund.

I understand that my employer may deduct from my salary such amounts as are required to provide my contributions to the Fund and will pay those amounts to the Trustee of the Fund.

I acknowledge my acceptance of
Faineant Pty Ltd ACN: 071 162 546
as Trustee(s) of the Fund.

Signature Esther Mercedes Ruberl
Esther Mercedes Ruberl

Date 24 / 01 / 2005

NOMINATED BENEFICIARY¹

I wish to advise the Trustee of the Fund that my Nominated Beneficiary(ies) under the Fund is/are as follows:

NAME IN FULL (DOB IF UNDER 18)	RELATIONSHIP TO MEMBER	FULL POSTAL ADDRESS	% OF SHARE BENEFIT ²
My estate to be dealt with in accordance with my will.			

I understand that the payment of any Death Benefit by the Fund will be at the absolute discretion of the Trustee and that this nomination is not to be treated as a direction.

Signature Esther Mercedes Ruberl
Esther Mercedes Ruberl

Date 24 / 01 / 2005

¹ Completion of this section is optional

² Show percentage of death benefits to be taken by each beneficiary

APPLICATION FOR MEMBERSHIP

TO THE TRUSTEE OF THE ESTHER RUBERL SUPERANNUATION FUND
FROM: Ian Moffatt

OF: 12 Nelson Street Sandringham

I apply to become a member of the abovementioned superannuation fund on the terms and conditions specified in the Trust Deed from the time being governing the Fund.

I understand that my employer may deduct from my salary such amounts as are required to provide my contributions to the Fund and will pay those amounts to the Trustee of the Fund.

I acknowledge my acceptance of

Faineant Pty Ltd ACN: 071 162 546

as Trustee(s) of the Fund.

Signature

~~_____~~
Ian Moffatt

IM

Date

20 / 12 / 2011

NOMINATED BENEFICIARY ¹

I wish to advise the Trustee of the Fund that my Nominated Beneficiary (ies) under the Fund is/are as follows:

NAME IN FULL (DOB IF UNDER 18)	RELATIONSHIP TO MEMBER	FULL POSTAL ADDRESS	% OF SHARE BENEFIT ²
<i>My legal personal representative</i>			<i>100%</i>

I understand that the payment of any Death Benefit by the Fund will be at the absolute discretion of The Trustee and that this nomination is not to be treated as a direction.

Signature

~~_____~~
Ian Moffatt

IM

Date

20 / 12 / 2011

1 Completion of this section is optional

2 Show percentage of the death benefits to be taken by each beneficiary