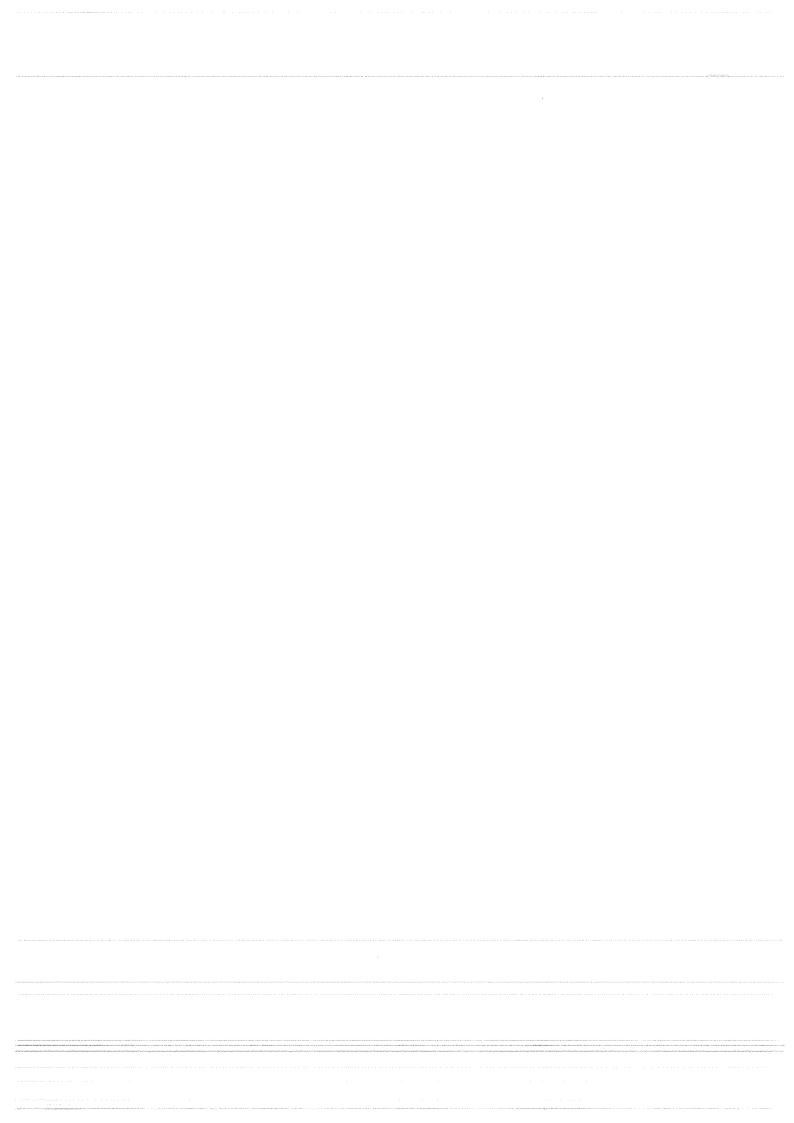
APPLICATION FOR MEMBERSHIP

To:	The Trustee, THE	BILL	SLATER	SUPERUAN	usno	Find.
I hereb	y apply for admission to men	nbership o	f the Fund.			
I agree	and undertake as follows:					
(a)	I understand the terms as nights and the rights of m	nd condition	ons of the Trust I	Deed and I acknow he Deed.	ledge I have b	een informed of my
(b)	I will be bound by the pro	I will be bound by the provisions of the Deed governing the Fund.				
(c)	I am not nor have been a member of any superannuation fund nor have an interest in any Approved Deposit Fund or Rollover Annuity other than as disclosed on the reverse of this Application.					
(d)	I will make a full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other superannuation fund, Approved Deposit Fund or Roll Over Annuity.					
(e)	I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Deed.					
(f)	I consent to the Trustee acting as Trustee of the Fund.					
(g)	In the event of my death, I nominate the following persons as my Nominated Dependants:- (Note - a nomination is not necessary and if made must be reviewed from time to time.)					
NAME	ADDRESS		REI	ATIONSHIP	T	RCENTAGE OF OTAL BENEFIT IXED AMOUNT
	š.					
Dated the	∂2 [†]	************	day of	JUNE	2007	
Name:	DENISE SHAW	<u>~ 5</u>	LATER			
Address:	223 PITT TOW	~ B	40			
	PITT Town	NSW	2756			
Signature:	x 881a	Der				
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THE BILL SLATER SUPERANNUATION FUND

APPLICATION FOR MEMBERSHIP

	The Trustee, THE	SILL SLATER	SUPERANUATION	FND			
I hereby a	pply for admission to mem	bership of the Fund.					
I agree and	d undertake as follows:						
(a)	I understand the terms and conditions of the Trust Deed and I acknowledge I have been informed of my rights and the rights of my Dependants pursuant to the Deed.						
(b)	I will be bound by the provisions of the Deed governing the Fund.						
(c)	I am not nor have been a member of any superannuation fund nor have an interest in any Approved Deposit Fund or Rollover Annuity other than as disclosed on the reverse of this Application.						
(d)	I will make a full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other superannuation fund, Approved Deposit Fund or Roll Over Annuity.						
(e)	I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Deed.						
(f)	I consent to the Trustee acting as Trustee of the Fund.						
(g)	In the event of my death, I nominate the following persons as my Nominated Dependants:-						
	(Note - a nomination is no	ot necessary and if made m	aust be reviewed from time to time	ne.)			
							
NAME	ADDRESS	R	ELATIONSHIP	PERCENTAGE OF TOTAL BENEFIT OR FIXED AMOUNT			
			,	TOTAL BENEFIT			
		25 ^{TP}	ELATIONSHIP day of	TOTAL BENEFIT			
Dated the	WILLIAM DIARM	25 ^{TP}	day of	TOTAL BENEFIT			

