

APPLICATION FOR MEMBERSHIP

Name of Fund: Butler Superannuation fund

Member's Name: John Joseph Butler
(Minor's Name if on behalf of minor)

Address:
P O Box 5128
Torquay, QLD 4655

Date of Birth: 22/06/1943

Occupation:

Telephone:

Fax:

Tax File Number. 311 703 432

Contributing Employer(s):

I hereby apply to become a Member of the above-mentioned Fund.

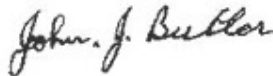
• I apply as the parent or guardian of and on behalf of the minor referred to above. (Delete if inapplicable)

I understand that my membership is subject to terms and conditions specified in the Governing Rules.

This application is accompanied by a Product Disclosure Statement.

I have received from the Trustee a notice containing information needed for the purpose of understanding the main features of the Fund, its management and financial condition and investment performance. (The Trustee must attach these if the Member is joining at a time other than when the fund is established).

Signed:



Dated:

01/02/2000

APPLICATION FOR MEMBERSHIP

Name of Fund: Butler Superannuation fund

Member's Name: Margaret Elizabeth Butler

(Minor's Name if on behalf of minor)

Address:
P O Box 5128
Torquay, QLD 4655

Date of Birth: 04/12/1946

Occupation:

Telephone:

Fax:

Tax File Number. 329 523 765

Contributing Employer(s):

I hereby apply to become a Member of the above-mentioned Fund.

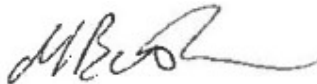
• I apply as the parent or guardian of and on behalf of the minor referred to above. (Delete if Inapplicable)

I understand that my membership is subject to terms and conditions specified in the Governing Rules.

This application is accompanied by a Product Disclosure Statement.

I have received from the Trustee a notice containing information needed for the purpose of understanding the main features of the Fund, its management and financial condition and investment performance. (The Trustee must attach these if the Member is joining at a time other than when the fund is established).

Signed:



Dated:

01/02/2000