

Schedule of Members of the Cronin Family Superannuation Fund

from time to time

(a Self Managed Superannuation Fund can never have more than 4 members at one time)

Member	Date Entered	Date Exited
Selwyn Malcolm Cronin	26/6/07	On date of Acceptance by the Trustee
Shirley Anne Cronin	26/6/07	On date of Acceptance by the Trustee
Brian Maxwell Cronin	26/6/07	On date of Acceptance by the Trustee
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		On date of Acceptance by the Trustee

Application for Membership (each member needs their own Application)
of the Cronin Family Superannuation Fund ("Fund")

This Application for Membership form contains your Nomination Form and undertakings you make to the Trustee of this Fund. The Fund's Product Disclosure Statement is also attached.

New Member Full Name SELWYN MALCOLM CRONIN Date of Birth 23/2/46

Address of New Member 150 BUCCA CROSSING ROAD
BUNDABERG QLD 4670

Employer _____ Tax File No.(TFN) _____

Trustee
Selwyn Malcolm Cronin
Shirley Anne Cronin
Brian Maxwell Cronin

1. After having read the Trust Deed and the Product Disclosure Statement, in full, I apply for the membership of the Fund.
2. I consent to my Tax File Number being made available to the Trustee and any third party as required or where expedient. I also enclose a duly completed and signed Tax File Number Declaration (available from the ATO's website).
3. If applicable, I have been invited by the Employer for membership to the Fund.
4. I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death, disablement or termination of service with the Employer (where applicable).
5. In consideration of my admission to membership, I agree to abide by and be bound by the Trust Deed governing the Fund. I declare that I have no entitlement to any annuity and I am not a member of, nor have I received benefits from, any other superannuation fund or approved deposit fund, other than as set out on the attached page (please supply details of benefits paid or payable on a separate page).
6. I undertake to advise the Trustee, in writing, if at any time I receive or become entitled to receive a benefit from any superannuation fund or approved deposit fund or deferred annuity not declared according to the above.
7. I undertake to advise the Trustee in writing of any contributions made by or on behalf of me, other than by the Employer, which would vary the amount specified above.
8. I agree to the Trustee acting as Fund Trustee. I consent to be a Fund Trustee or a director of the Trustee, as required. Further, I comply and give my consent in regards to any other rules for Trustees.
9. I enclose my **Nomination Form** which deals with how I want my Superannuation to be dealt with if I die.
10. I have read and understood the Fund's Trust Deed. I have noted the benefits payable under this Trust Deed. I have also received my own copy of the Product Disclosure Statement which was attached to this Application for Membership form. I have fully read and understood the Product Disclosure Statement.
11. I acknowledge that I am not a disqualified person under any law or the SIS Regulations. Further, I undertake to advise the Trustee if I ever do become so disqualified.


Signed by the Applicant

26/6/07
Date

(Attached is a full copy of the Product Disclosure Statement)

Nomination Form for the Cronin Family Superannuation Fund

What happens to your Super when you die?

You may have Super left when you die. You can nominate which "dependant" gets your Super when you die. There are 2 types of nominations: Non-binding and binding. A Non-Binding Nomination only suggests to the trustee where you want your Super to go when you die; your trustee may or may not follow your suggestion. A Binding Nomination must be respected by the trustee. The forms below only allow a simple percentage-based nomination. To make a more detailed nomination speak to your adviser.

Member's Full Name SELWYN MALCOLM CROWIN Date 26/6/2007

Non-Binding Nominated Beneficiaries		
Upon my death, I propose the Trustee distribute my assets, pay a lump sum, pay a pension, pay a reversionary pension or any other payments as set out below. I understand that the Trustee is not bound by this nomination:		
"My Estate" or Full Name of Nominated Beneficiary	Relationship (if not nominating "My Estate")	Entitlement - %
Member's Signature	<i>[Signature]</i>	(no witness required)

OR

Binding Nominated Beneficiaries		
To guarantee your Super goes to the people you want it to go to complete this BINDING nomination. The nomination is valid only for 3 years (unless you revoke it earlier).		
Upon my death, I direct the Trustee to distribute my assets, pay a lump sum, pay a pension, pay a reversionary pension or any other payments as set out below:		
"My Estate" or Full Name of Nominated Beneficiary	Relationship (if not nominating "My Estate")	Entitlement - %
<u>SHIRLEY ANNE CROWIN</u>	<u>WIFE</u>	<u>100</u>
Member's Signature	<i>[Signature]</i>	
<i>[Signature]</i> <u>SALLY ANNE M'LEOD</u>	<i>[Signature]</i> <u>SCOTT D GROWAN</u>	
Witness One Signature (over 18 years & not related to the Member)	Witness Two Signature (over 18 years & not related to the Member)	
Witness One Full Name (Print)	Witness Two Full Name (Print)	

If there is insufficient space then add further sheets, as required.

Application for Membership (each member needs their own Application)
of the Cronin Family Superannuation Fund ("Fund")

This Application for Membership form contains your Nomination Form and undertakings you make to the Trustee of this Fund. The Fund's Product Disclosure Statement is also attached.

New Member Full Name SHIRLEY ANNE CRONIN Date of Birth 13/11/46

Address of New Member 150 BUCCA CROSSING ROAD
BUNDABERG QLD 4670

Employer _____ Tax File No.(TFN) _____

Trustee
Selwyn Malcolm Cronin
Shirley Anne Cronin
Brian Maxwell Cronin

1. After having read the Trust Deed and the Product Disclosure Statement, in full, I apply for the membership of the Fund.
2. I consent to my Tax File Number being made available to the Trustee and any third party as required or where expedient. I also enclose a duly completed and signed Tax File Number Declaration (available from the ATO's website).
3. If applicable, I have been invited by the Employer for membership to the Fund.
4. I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death, disablement or termination of service with the Employer (where applicable).
5. In consideration of my admission to membership, I agree to abide by and be bound by the Trust Deed governing the Fund. I declare that I have no entitlement to any annuity and I am not a member of, nor have I received benefits from, any other superannuation fund or approved deposit fund, other than as set out on the attached page (please supply details of benefits paid or payable on a separate page).
6. I undertake to advise the Trustee, in writing, if at any time I receive or become entitled to receive a benefit from any superannuation fund or approved deposit fund or deferred annuity not declared according to the above.
7. I undertake to advise the Trustee in writing of any contributions made by or on behalf of me, other than by the Employer, which would vary the amount specified above.
8. I agree to the Trustee acting as Fund Trustee. I consent to be a Fund Trustee or a director of the Trustee, as required. Further, I comply and give my consent in regards to any other rules for Trustees.
9. I enclose my **Nomination Form** which deals with how I want my Superannuation to be dealt with if I die.
10. I have read and understood the Fund's Trust Deed. I have noted the benefits payable under this Trust Deed. I have also received my own copy of the Product Disclosure Statement which was attached to this Application for Membership form. I have fully read and understood the Product Disclosure Statement.
11. I acknowledge that I am not a disqualified person under any law or the SIS Regulations. Further, I undertake to advise the Trustee if I ever do become so disqualified.

S A Cronin
Signed by the Applicant

26/6/07
Date

(Attached is a full copy of the Product Disclosure Statement)

Nomination Form for the Cronin Family Superannuation Fund

What happens to your Super when you die?

You may have Super left when you die. You can nominate which "dependant" gets your Super when you die. There are 2 types of nominations: Non-binding and binding. A Non-Binding Nomination only suggests to the trustee where you want your Super to go when you die; your trustee may or may not follow your suggestion. A Binding Nomination must be respected by the trustee. The forms below only allow a simple percentage-based nomination. To make a more detailed nomination speak to your adviser.

Member's Full Name SHIRLEY ANNE CROIN Date 26/6/2007

Non-Binding Nominated Beneficiaries		
Upon my death, I propose the Trustee distribute my assets, pay a lump sum, pay a pension, pay a reversionary pension or any other payments as set out below. I understand that the Trustee is not bound by this nomination:		
"My Estate" or Full Name of Nominated Beneficiary	Relationship (if not nominating "My Estate")	Entitlement - %
Member's Signature	(no witness required)	

OR

Binding Nominated Beneficiaries		
To guarantee your Super goes to the people you want it to go to complete this BINDING nomination. The nomination is valid only for 3 years (unless you revoke it earlier).		
Upon my death, I direct the Trustee to distribute my assets, pay a lump sum, pay a pension, pay a reversionary pension or any other payments as set out below:		
"My Estate" or Full Name of Nominated Beneficiary	Relationship (if not nominating "My Estate")	Entitlement - %
<u>SELWYN MALCOLM CROIN</u>	<u>HUSBAND</u>	<u>100</u>
Member's Signature	<u>[Signature]</u>	
<u>[Signature]</u> <u>SALLY ANNE MLEAD</u>	<u>[Signature]</u> <u>SCOTT D GROGAN</u>	
Witness One Signature (over 18 years & not related to the Member)	Witness Two Signature (over 18 years & not related to the Member)	
Witness One Full Name (Print)	Witness Two Full Name (Print)	

If there is insufficient space then add further sheets, as required.

Application for Membership (each member needs their own Application)
of the Cronin Family Superannuation Fund ("Fund")

This Application for Membership form contains your Nomination Form and undertakings you make to the Trustee of this Fund. The Fund's Product Disclosure Statement is also attached.

New Member Full Name BRIAN MAXWELL CRONIN Date of Birth 2/6/44

Address of New Member 150 BUCCA CROSSING ROAD
BUNDABERG QLD 4670

Employer _____ Tax File No.(TFN) _____

Trustee
Selwyn Malcolm Cronin
Shirley Anne Cronin
Brian Maxwell Cronin

1. After having read the Trust Deed and the Product Disclosure Statement, in full, I apply for the membership of the Fund.
2. I consent to my Tax File Number being made available to the Trustee and any third party as required or where expedient. I also enclose a duly completed and signed Tax File Number Declaration (available from the ATO's website).
3. If applicable, I have been invited by the Employer for membership to the Fund.
4. I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death, disablement or termination of service with the Employer (where applicable).
5. In consideration of my admission to membership, I agree to abide by and be bound by the Trust Deed governing the Fund. I declare that I have no entitlement to any annuity and I am not a member of, nor have I received benefits from, any other superannuation fund or approved deposit fund, other than as set out on the attached page (please supply details of benefits paid or payable on a separate page).
6. I undertake to advise the Trustee, in writing, if at any time I receive or become entitled to receive a benefit from any superannuation fund or approved deposit fund or deferred annuity not declared according to the above.
7. I undertake to advise the Trustee in writing of any contributions made by or on behalf of me, other than by the Employer, which would vary the amount specified above.
8. I agree to the Trustee acting as Fund Trustee. I consent to be a Fund Trustee or a director of the Trustee, as required. Further, I comply and give my consent in regards to any other rules for Trustees.
9. I enclose my **Nomination Form** which deals with how I want my Superannuation to be dealt with if I die.
10. I have read and understood the Fund's Trust Deed. I have noted the benefits payable under this Trust Deed. I have also received my own copy of the Product Disclosure Statement which was attached to this Application for Membership form. I have fully read and understood the Product Disclosure Statement.
11. I acknowledge that I am not a disqualified person under any law or the SIS Regulations. Further, I undertake to advise the Trustee if I ever do become so disqualified.

B M Cronin
Signed by the Applicant

26/6/07
Date

(Attached is a full copy of the Product Disclosure Statement)

Nomination Form for the Cronin Family Superannuation Fund

What happens to your Super when you die?

You may have Super left when you die. You can nominate which "dependant" gets your Super when you die. There are 2 types of nominations: Non-binding and binding. A Non-Binding Nomination only suggests to the trustee where you want your Super to go when you die; your trustee may or may not follow your suggestion. A Binding Nomination must be respected by the trustee. The forms below only allow a simple percentage-based nomination. To make a more detailed nomination speak to your adviser.

Member's Full Name BRIAN MAXWELL CRONIN Date 26/6/2007

Non-Binding Nominated Beneficiaries		
Upon my death, I propose the Trustee distribute my assets, pay a lump sum, pay a pension, pay a reversionary pension or any other payments as set out below. I understand that the Trustee is not bound by this nomination:		
"My Estate" or Full Name of Nominated Beneficiary	Relationship (if not nominating "My Estate")	Entitlement - %
Member's Signature	(no witness required)	

OR

Binding Nominated Beneficiaries		
To guarantee your Super goes to the people you want it to go to complete this BINDING nomination. The nomination is valid only for 3 years (unless you revoke it earlier).		
Upon my death, I direct the Trustee to distribute my assets, pay a lump sum, pay a pension, pay a reversionary pension or any other payments as set out below:		
"My Estate" or Full Name of Nominated Beneficiary	Relationship (if not nominating "My Estate")	Entitlement - %
<u>HELEN JOAN CRONIN</u>	<u>WIFE</u>	<u>100</u>
Member's Signature	<u>Brian Cronin</u>	
<u>Sally M'Leod</u>	<u>Self SCOTT D BROGAN</u>	
Witness One Signature <small>(over 18 years & not related to the Member)</small>	Witness Two Signature <small>(over 18 years & not related to the Member)</small>	
Witness One Full Name (Print)	Witness Two Full Name (Print)	

If there is insufficient space then add further sheets, as required.