

Clause 3(a)

CAMILLERI COLBOURNE SUPERANNUATION FUND

APPLICATION TO BECOME A MEMBER

I hereby apply to become a Member of CAMILLERI COLBOURNE SUPERANNUATION FUND ('the Fund') on the terms and conditions contained in the Trust Deed dated the 26th day of June 2007 as amended from time to time ('the Trust Deed') governing the Fund.

I agree that, as a Member, I will be bound by the terms and conditions of the Trust Deed.

I acknowledge that:

- (a) the Fund is an accumulation fund and that neither the Trustee nor any employer guarantees the total amount of benefits to which I may become entitled; and
- (b) I have received or have, or know that I have, access to, all of the information that a Product Disclosure Statement for the Fund would be required to contain

I undertake to advise the Trustee of any subsequent changes in my personal details as set out below:-

Surname: CAMILLERI
Given Names: MARIA-ANN JOSEPHINE
Residential Address: 90 William Street, Norwood, SA, 5067
Date of Birth: 15/10/1970



Signature of Maria-ann Josephine Camilleri

* Delete if inapplicable.

NOTES:

If you wish to rollover or transfer benefits into the Fund, attach a statement giving details of the fund from which such benefits are to be rolled over or transferred and the amount to be rolled over or transferred.