

APPLICATION FOR MEMBERSHIP CONFIDENTIAL

TO: THE TRUSTEE - BIRDSVILLE BULLWHIP & SADDLE COMPANY
SUPERANNUATION FUND

I, the undersigned person, being eligible hereby apply for admission to membership of the Fund. I agree and undertake as follows:

- (a) I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
- (b) I will upon request make full disclosure in writing of any benefits I have received, may receive or may be entitled to received from any other Superannuation Fund, Approved Deposit Fund Roll Over Annuity or Employer.
- (c) I understand the terms and conditions of the Trust Deed and more particularly the terms and conditions of Division B of the Deed concerning Benefits payable.
- (d) I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Deed.
- (e) I consent to the Trustee acting as Trustee of the Fund
- (f) I declare that to the extent that I have completed the Attachment, the information contained is accurate in every respect.

DATED the 11 day of JULY 1996

Name: JOHN ARMSTRONG EGAN.....

Address: 7 JADE STREET, CAMP HILL QLD 4152

Occupation: PROPERTY PROJECT MANAGER.....

Date of Birth: 24 JULY 1953 Membership Class: C

NOMINATED DEPENDANT(S)

I nominate the undermentioned persons as my Nominated Dependand(s):

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF TOTAL BENEFIT
EGAN	BERNADETTE EILEEN	SPOUSE	100

JAE


.....
(Member's Signature)

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- (c) I understand the terms and conditions of the Trust Deed and more particularly the terms and conditions of Division B of the Deed concerning Benefits payable.
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- (e) I consent to the Trustee acting as Trustee of the Fund
- (f) I declare that to the extent that I have completed the Attachment, the information contained is accurate in every respect.

DATED the 12 day of JULY 1996

Name: BERNADETTE EILEEN EGAN.....

Address: 7 JADE STREET, CAMP HILL QLD 4152.....

Occupation: CONSULTANT.....

Date of Birth: 20.6.1957..... Membership Class: C.....

NOMINATED DEPENDANT(S)

I nominate the undermentioned persons as my Nominated Dependand(s):

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF TOTAL BENEFIT
EGAN	JOHN ARMSTRONG	SPOUSE	100

B.E.E. *B.E.E. Egan*
(Member's Signature)