Schedule 2 to this deed

Application to become a Member

This Application Form contains your Death Benefit Nomination and undertakings which must be made by you. It is also accompanied by the Product Disclosure Statement relevant to the fund contained in Annexure A.

Part 1 Application and Undertakings

I apply to become an initial member of this fund under the trust deed.

I make each of the following undertakings:

I apply to become an initial member of this fund under the trust deed.

I make each of the following undertakings:

- I am not in an employment relationship with another member.
- I am not a disqualified person under superannuation law from being director of the trustee of the fund.
- I will comply with the trust deed.
- Upon request, I will fully disclose in writing any information required by the trustee in respect of my membership of the fund. This includes disclosing:
 - Any circumstance which may lead to my entering into an employment relationship with any other member of the fund who is not also a relative of mine.
 - That I may become disqualified under superannuation law from being a director of the trustee of the fund.
 - Any information in relation to my medical condition.
- I will act as a director of the trustee of the fund.
- I understand the trust deed, particularly its terms concerning the benefits payable under it, and I have read and understood the attached Product Disclosure Statement, annexed and marked 'A'.
- I have read and understand the prescribed information relating to the collection of Tax File Numbers by the trustees of superannuation funds.

I attach a completed ATO Individual Tax File Number Notification form.

Applicant name Yin I Li

Applicant address 56 McLeod Street, Cairns City, QLD 4870

Applicant occupation Accountant

Date of birth 10 November 1975

Applicant place of birth China

Part 2: Death Benefit: Beneficiary Nomination

This is a binding death benefit notice. By completing and signing it you are requiring the trustee to provide any benefit payable on or after your death to the person or persons you mentioned in this notice, being one or more dependants or your legal personal representative. I direct the directors of the trustee that the person[s] named in the following table [are/is] to receive the proportions specified in that table of the benefit that is payable if I die.

Person	Relationship to member	Proportion of death benefit
Josiah Watson	Husband	100%

(Please note, that this beneficiary direction is valid for only 3 years.)]

Signed by the applicant:

Date: ______ | July dold

Yin I Li

First Notice: The types of death benefit arrangements and the order in which they take effect

The Deed provides for:

- death benefit agreements (which bind the trustee and which do not expire, see clauses 96 and 97);
- binding death benefit notices (which binds the trustee but which expire after 3 years or earlier if replaced or revoked); and