APPLICATION FOR MEMBERSHIP

CONFIDENTIAL
TO: The Trustee, RIVERLEIGH SUPERANNUATION PLAN
Dear Sir, Re: Membership
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 by variation from time to time.
(b) I will make a full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other Superannuation Fund, Approved Deposit Fund, Roll over Annuity or Employer.
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 and I acknowledge I have been informed of my rights and the rights of my dependants pursuant to the Deed.
(d) I will notify the Trustees 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 the information contained in the Attachment is accurate in every respect.
DATED the EIGHTH day of SEPTEMBER 1995
Name: KERRIE DIANE MEEK Sal Mul
Address: 17. VALRAY PLACE SAMFORD Signature
Membership class:
Date of Birth:
NOMINATED DEPENDANT(S)
I nominate the undermentioned persons as my nominated dependants:

SURNAME(S) % OF TOTAL RELATIONSHIP GIVEN NAME(S) RELATIONSHIP BENEFIT

MEEK

GREGORY ALAN

H.

100%.

APPLICATION FOR MEMBERSHIP

CONFIDENTIAL
TO: The Trustee, PEREGRINE CAPITAL AUSTRALIA SUPERANNUATION PLAN
Dear Sir, Re: Membership
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 by variation from time to time.
(b) I will make a full disclosure in writing of any benefits I have received, may receive or may be entitled to receive 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 and I acknowledge I have been informed of my rights and the rights of my dependants pursuant to the Deed.
(d) I will notify the Trustees 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 the information contained in the Attachment is accurate in every respect.
DATED the /4 4h day of MARCH 1994
Name: G.A. MEEK Address: 17 VALAAY PLACE SANFORD Signature
Membership class: B
Date of Birth:
Date of Birth: Occupation: MGNO. VIK

NOMINATED DEPENDANT(S)

I nominate the undermentioned persons as my nominated dependants:

SURNAME(S)
RELATIONSHIP GIVEN NAME(S) RELATIONSHIP

% OF TOTAL BENEFIT

MEEK KERRIE DIANE WIFE 100%