SCHEDULE B APPLICATION FOR MEMBERSHIP CONFIDENTIAL

To:	The Trustee The HUNTE TO JARRA MUNIMA		<u>en</u> annuanon	FUND	
Re:	Membership				
I, the Fund.	undersigned p	person, being eligi	ole hereby appl	y for admissio	n to membership of the
l agree and undertake as follows:					
(1)	I will be bound by the Trust Deed governing the Fund as it is or may be by variation from time to time.				
(2)	I will make a receive from Annuity.	full disclosure in any other Supera	writing of any be nnuation Fund,	enefits I may r Approved De _l	receive or be entitled to posit Fund or Roll over
(3)	I understand the terms and conditions of the Trust Deed and more particularly the terms and conditions 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.				
(4)	I consent to the	ne Trustee acting a	as Trustee of the	Fund.	
supera Attachr	nnuation fund ment.	, pension fund, A	me and the a oproved Deposi	mounts receiv t Fund or Anr	ved by me from any nuity are set out in the
Dated the Number of Aucust 2014					
Signature		: XB be			
Name,	Occupation	Beuce H	MILK		
Address		: 710 TARRAH RS MUNMUNU WA 6073			
Date of Birth		17-10-1964			
Tax File No		609 984 898			
NOMIN	ATED DEPEN	IDANT(S)			
I nomin	ate the underr	mentioned persons	as my Nominat	ed Dependant	s:
					% OF TOTAL
		GIVEN NAME(S)			BENEFIT
HUNTER JACQUUNET WIFE 1003					
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SCHEDULE B APPLICATION FOR MEMBERSHIP CONFIDENTIAL

То:	The HUNTER FAMILY SUPENANNUARON FUND TO JARRAN ROAD				
	ELOG AN ONNAMUM				
Re:	Membership				
I, the Fund.	undersigned person, being eligible hereby apply for admission to membership of the				
l agree	e and undertake as follows:				
(1)	I will be bound by the Trust Deed governing the Fund as it is or may be by variation from time to time.				
(2)	I will make a full disclosure in writing of any benefits I may receive or be entitled to receive from any other Superannuation Fund, Approved Deposit Fund or Roll over Annuity.				
(3)	I understand the terms and conditions of the Trust Deed and more particularly the terms and conditions 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.				
(4)	I consent to the Trustee acting as Trustee of the Fund.				
I declare that the rights held by me and the amounts received by me from any superannuation fund, pension fund, Approved Deposit Fund or Annuity are set out in the Attachment.					
Dated t	he iuth day of AULIUST Dolo.				
Signatu	ire STX				
Signature Signature					
Address					
Date of	Birth : 26-1 - 1965				
Tax File	No : 157 580 028				
NOMIN	ATED DEPENDANT(S)				
I nomina	ate the undermentioned persons as my Nominated Dependants:				
	% OF TOTAL				
SURNA	ME(S) GIVEN NAME(S) RELATIONSHIP BENEFIT				
Hunt	EN BRUCE HUBBAD 100%				