

SCHEDULE B
APPLICATION FOR MEMBERSHIP
CONFIDENTIAL

To: The Trustee
HARRIDGE Superannuation Fund
P.O. Box 330
NEW NORCIA WA 6509.

Re: Membership

I, the undersigned person, being eligible hereby apply for admission to membership of the Fund.

I 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 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 the 11th day of APRIL 2005

Signature : *RB Harridge* X^{RB}

Name; Occupation : ROBERT BRUCE HARRIDGE

Address : 'COONIM BAY' NEW NORCIA WA 6509.

Date of Birth : 28-6-1948

Tax File No : 633 969 951

NOMINATED DEPENDANT(S)

I nominate the undermentioned persons as my Nominated Dependants:

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF TOTAL BENEFIT
HARRIDGE	NICHOLAS BRUCE	SON	33.34
FOWLER	ROBYN JANE	DAUGHTER	33.33
PENNY	SARAH GBERGMA	DAUGHTER	33.33