

Clause 3(a)

ALDER SUPERANNUATION FUND

APPLICATION TO BECOME A MEMBER

I hereby apply to become a member of the Alder Superannuation Fund ('the Fund') on the terms and conditions contained in the Trust Deed dated the ^x 21st day of ^x May 2002 as amended from time to time ('the Trust Deed') governing the Fund.

I agree that, as a member, I will be bound by the terms and conditions of the Trust Deed.

I acknowledge that the Fund is an accumulation fund and that neither the Trustee nor any employer guarantees the total amount of benefits to which I may become entitled.

I wish to make a contribution of \$^x to the Fund.

*I wish to rollover/transfer benefits into the Fund. (See Notes).

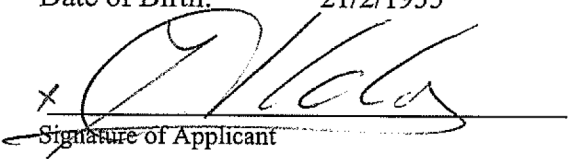
I undertake to advise the Trustee of any subsequent changes in my personal details as set out below:-

Surname: ALDER

Given Names: TIMOTHY

Residential Address: 18 MANSFIELD STREET
NORTH ADELAIDE SA 5006

Date of Birth: 21/2/1955


Signature of Applicant

* Delete if inapplicable.

NOTES:

If you wish to rollover or transfer benefits into the Fund, attach a statement giving details of the fund from which such benefits are to be rolled over or transferred and the amount to be rolled over or transferred.

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ALDER SUPERANNUATION FUND

APPLICATION TO BECOME A MEMBER

I hereby apply to become a member of the Alder Superannuation Fund ('the Fund') on the terms and conditions contained in the Trust Deed dated the ~~X~~ 25th day of ~~X~~ MAY 2002 as amended from time to time ('the Trust Deed') governing the Fund.

I agree that, as a member, I will be bound by the terms and conditions of the Trust Deed.

I acknowledge that the Fund is an accumulation fund and that neither the Trustee nor any employer guarantees the total amount of benefits to which I may become entitled.

I wish to make a contribution of \$~~X~~ to the Fund.

*I wish to rollover/transfer benefits into the Fund. (See Notes).

I undertake to advise the Trustee of any subsequent changes in my personal details as set out below:-

Surname: ALDER

Given Names: IVI LOULLA

Residential Address: 37 PARK TERRACE
OVINGHAM SA 5082

Date of Birth: 22/11/1983

~~X~~ 
Signature of Applicant

COPY

* Delete if inapplicable.

NOTES:

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I wish to make a contribution of \$ _____ to the Fund.

*I wish to rollover/transfer benefits into the Fund. (See Notes).

I undertake to advise the Trustee of any subsequent changes in my personal details as set out below:-

Surname: ALDER
Given Names: JAMES
Residential Address: 42 AIRLIE AVENUE
PROSPECT SA 5082
Date of Birth: 02/05/1969



Signature of Applicant

*

NOTES:

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I wish to make a contribution of \$ _____ to the Fund.

*I wish to rollover/transfer benefits into the Fund. (See Notes).

I undertake to advise the Trustee of any subsequent changes in my personal details as set out below:-

Surname: ALDER
Given Names: MICHAEL
Residential Address: 18 GELLANDE PLACE
WEST CROYDON SA 5008
Date of Birth: 21/01/1979



Signature of Applicant

*

NOTES:

If you wish to rollover or transfer benefits into the Fund, attach a statement giving details of the fund from which such benefits are to be rolled over or transferred and the amount to be rolled over or transferred.