

Application for Membership

The Raphael Charles Maguire Super Fund

Member details	
Name:	Raphael Charles Maguire
Address:	6 Dinghy Place, Ocean Reef, WA 6027
Date of Birth	27/10/1950

I hereby apply to become a member of The Raphael Charles Maguire Super Fund

I understand that my membership is subject to terms and conditions specified in the Trust Deed governing the Fund.

Raphael
 X R Maguire
 SIGNATURE

8/06/2007
 DATED

Employer details (Optional)
Employer:
Address:

Nomination of dependants (Optional)

Important information for completion
<p>1. This Nomination Notice is not binding. The Trustee/s will take it into account in the event that a benefit is paid from the Fund on your death. However, the Trustee/s have complete discretion as to which of your Dependants and/or Legal Personal Representative may receive the benefit and in what proportions. If there are no Dependants or Legal Personal Representative, the benefit may be payable to any other person.</p> <p>2. This Nomination Notice must be fully completed in accordance with the details below: Ensure both pages of this Notice are completed. The Beneficiaries named in this Notice must be Dependants and/or your Legal Personal Representative. Your Dependants are your spouse, de facto spouse and your children (including step, adopted and ex-nuptial children), and any other person financially dependent upon you at the time of your death. Your Legal Personal Representative is either the person named as your executor in your will, or, if you do not have a valid will at the date of your death, the person who, as your next of kin, applies for and has been granted letters of administration for your estate. Should you wish to nominate your legal personal representative, please write 'Legal Personal Representative' as the name of the Beneficiary. For each person nominated, you must provide both their relationships to you and the proportion of any benefit that is to be paid to each.</p>

Nomination of dependants (Optional)		
Name	Relationship to you	Proportion of benefit

Member declaration

I, **Raphael Charles Maguire** of **6 Dinghy Place, Ocean Reef, WA 6027**
 as a member of the Fund, request the Trustee/s to pay my death benefit to the above persons in the proportions shown.

I understand that:
 in the event of my death, the Trustee/s have complete discretion as to which of my dependants and/or estate will receive any death benefit payable.
 this Notice revokes and amends any previous notice supplied to the Trustee/s of the Fund in regard to my nominated beneficiaries.

 SIGNATURE

 DATED

Application for Membership

The Raphael Charles Maguire Super Fund

Member details	
Name:	Elizabeth Mary Tysoe (nee Maguire)
Address:	4 Terra Close, Ballajura, WA 6066
Date of Birth	12/06/1981

I hereby apply to become a member of The Raphael Charles Maguire Super Fund

I understand that my membership is subject to terms and conditions specified in the Trust Deed governing the Fund.

Elizabeth
E. Tysoe

 SIGNATURE

08/06/07

 DATED

Employer details (Optional)	
Employer:	
Address:	

Nomination of dependants (Optional)

Important information for completion	
1.	This Nomination Notice is not binding. The Trustee/s will take it into account in the event that a benefit is paid from the Fund on your death. However, the Trustee/s have complete discretion as to which of your Dependants and/or Legal Personal Representative may receive the benefit and in what proportions. If there are no Dependants or Legal Personal Representative, the benefit may be payable to any other person.
2.	<p>This Nomination Notice must be fully completed in accordance with the details below:</p> <p>Ensure both pages of this Notice are completed.</p> <p>The Beneficiaries named in this Notice must be Dependants and/or your Legal Personal Representative.</p> <p>Your Dependants are your spouse, de facto spouse and your children (including step, adopted and ex-nuptial children), and any other person financially dependent upon you at the time of your death.</p> <p>Your Legal Personal Representative is either the person named as your executor in your will, or, if you do not have a valid will at the date of your death, the person who, as your next of kin, applies for and has been granted letters of administration for your estate. Should you wish to nominate your legal personal representative, please write 'Legal Personal Representative' as the name of the Beneficiary.</p> <p>For each person nominated, you must provide both their relationships to you and the proportion of any benefit that is to be paid to each.</p>

Nomination of dependants (Optional)		
Name	Relationship to you	Proportion of benefit

Member declaration

I, **Elizabeth Mary Tysoe (nee Maguire)** of **4 Terra Close, Ballajura, WA 6066**
 as a member of the Fund, request the Trustee/s to pay my death benefit to the above persons in the proportions shown.

I understand that:
 in the event of my death, the Trustee/s have complete discretion as to which of my dependants and/or estate will receive any death benefit payable.
 this Notice revokes and amends any previous notice supplied to the Trustee/s of the Fund in regard to my nominated beneficiaries.

 SIGNATURE

 DATED