SCHEDULE B APPLICATION FOR MEMBERSHIP CONFIDENTIAL

To: The Trustee

Superannuation Fund

5 BORONIA PLACE BLUBURY WA 6330.

Re:	Membership	Membership					
I, the Fund.	undersigned p	erson, being eligible hereby apply for admission to membership of the					
l agree	e and undertak	e as follows:					
(1)	I will be boun from time to t	ound by the Trust Deed governing the Fund as it is or may be by variation to time.					
(2)	I will make a receive from Annuity.	will make a full disclosure in writing of any benefits I may receive or be entitled to eceive from any other Superannuation Fund, Approved Deposit Fund or Roll over nnuity.					
(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.						
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 Littley of Alruc 199%							
Signature		: Staces					
Name, Occupation		SUSAN RAE HADDLETON					
Address		5 BORONIA PLACE BUNBURY WA 6230.					
Date of Birth		19-2-1955					
Гах File No		625 207 0 So.					
NOMINATED DEPENDANT(S)							
nominate the undermentioned persons as my Nominated Dependants:							
		% OF TOTAL					
		GIVEN NAME(S) RELATIONSHIP BENEFIT					
HADO	LETON	PETER CLIFFORD HUSBAUD 100.					

SCHEDULE B APPLICATION FOR MEMBERSHIP CONFIDENTIAL

To: The Trustee

HADDLETON Superannuation Fund

5	BOROWIA	PLACE.					
8	SUMBURY	ma 6230					
Re:	Membership	р					
I, the Fund.		person, being eligib	le hereby apply for admis	ssion to membership of the			
l agre	e and undertal	ike 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.						
super	lare that the annuation fund nment.	rights held by n d, pension fund, Ap	ne and the amounts re oproved Deposit Fund or	eceived by me from any Annuity are set out in the			
Dated	the 2th day of	f APRIC 199	98 NA 11	, PC			
Signa	ture	:	Mobile				
Name, Occupation : Peter Curford Habble tow							
Address		. 5 BORONIA PLACE BUNBULY WA 6036					
Date of Birth		. 30-11-1953					
Tax File No		. 624 768 185					
IMOV	NATED DEPE	NDANT(S)					
nomi	nate the under	rmentioned persons	as my Nominated Depen	dants:			
				% OF TOTAL			
SURN	AME(S)	GIVEN NAME(S)	RELATIONSHIP	BENEFIT			
141	DOLETON	Susani RAE	WIFE	100			
•••••							