

SCHEDULE B  
APPLICATION FOR MEMBERSHIP  
CONFIDENTIAL

To: The Trustee  
The 30-LA Superannuation Fund  
71 HOWES CRESCENT  
DIANELLA WA 6059.

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 18 day of AUGUST 2003

Signature : L.A. Lovegrove X<sup>LA</sup>

Name, Occupation : LYNETTE ANNE LOVEGROVE

Address : 71 HOWES CRESCENT DIANELLA WA 6059

Date of Birth : 28-5-1943

Tax File No : 620 458 077

NOMINATED DEPENDANT(S)

I nominate the undermentioned persons as my Nominated Dependants:

			% OF TOTAL
SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	BENEFIT
<u>LOVEGROVE</u>	<u>JOHN CRAIG</u>	<u>HUSBAND</u>	<u>100</u>
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SCHEDULE B  
APPLICATION FOR MEMBERSHIP  
CONFIDENTIAL

To: The Trustee  
The JGILA Superannuation Fund  
71 HOWES CRESCENT  
DIANELLA WA 6059

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 18 day of August 2003.

Signature : John Grant Lovegrove JG  
X

Name, Occupation : JOHN GRANT LOVEGROVE

Address : 71 HOWES CRESCENT DIANELLA WA 6059

Date of Birth : 21-3-1938

Tax File No : 622 819 570

NOMINATED DEPENDANT(S)

I nominate the undermentioned persons as my Nominated Dependants:

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF TOTAL BENEFIT
<u>LOVEGROVE</u>	<u>LYNETTE ANNE</u>	<u>WIFE</u>	<u>100</u>
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