

THE METCALF SUPERANNUATION FUND

APPLICATION FOR MEMBERSHIP

MADE BY: NAME PATRICIA ANNE METCALF

ADDRESS KOOMBERKINE ROAD, DOWERIN, 6461

DATE OF BIRTH 23/10/51

- A. I hereby apply for admission as a Member of the Fund and, if admitted as a Member, agree to be bound by the provisions of the Deed establishing the Fund that may be in force from time to time.
- B. I understand that a copy of the Deed will be made available to me and such other information as provided by The Superannuation Industry (Supervision) Act 1993 for perusal on demand at a reasonable time.
- C. I hereby acknowledge receipt of written notice of existence of the rights which I will have to received benefits under the Fund if admitted as a member.
- D. I hereby agree to accept the current trustees of the above mentioned Fund.

NOMINATION OF BENEFICIARIES

(Not obligatory to complete)

NAME OF BENEFICIARY	ADDRESS	PERCENTAGE OF BENEFIT
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NOTE: TRUSTEES DISCRETION APPLIES AS GOVERNED BY THE TRUST DEED

Witness

Signature

Date: 4/3/97

THIS PART TO BE COMPLETED BY THE TRUSTEE

Application Approved: 5/3/97

Signed for and on Behalf of the Trustees

I certify that the above is a true and correct Photostat copy of the original document.

R.W. [Signature] 11/4/11
NICHOLAS [Signature]

145 Fitzgerald St Northam
Certified Practising Accountant