APPLICATION FOR MEMBERSHIP

OF

CALEDONIAN SUPERANNUATION FUND

Full Name: DAVID JOHN FULLER

Address: 17 Brownrigg Street
HILLWOOD TAS 7252

Date of Birth: 15/02/1977 Sex: Male

I make application to become a member of CALEDONIAN SUPERANNUATION FUND ("The Fund")

* I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.

* I hereby apply to make contributions to the Fund and agree to be bound by the Deed and Rules governing the Fund.

Pursuant to the authorisations for the collection of Tax File Numbers ("TFN") contained in the taxation laws, the *Superannuation Industry (Supervision) Act 1993* and the *Privacy Act 1988*, I hereby agree to provide my TFN as follows:

My Tax File Number is: X_ _ _ _ _ _ _ _ _
And I hereby authorise the Trustees to use this tax file number.

NOMINATION OF BENEFICIARIES
Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I hereby nominate the following persons to receive the benefit payable by the Trustees of the Fund in the event of my death:

Name and Address	Relationship to Member	Proportion of Benefit
RUTH GRACE FULLER		
17 BROWNRIGG STREET	SPOUSE	100 %
HILLWOOD		
TAS 7252		%

Dated this 19TH day of SEPTEMBER 20 17

Signature of Applicant: [signature]

Witness: RUTH GILES
* Delete this clause if inapplicable