## APPLICATION FOR MEMBERSHIP

		3 GOTARIE SOVE	CANNUATION FUND.				
I here	by apply for admission to membership of th	e Fund.					
I agree	e and undertake as follows:						
(a)	I understand the terms and conditions of the Trust Deed and I acknowledge I have been informed of mights and the rights of my Dependants pursuant to the Deed.						
(b)	I will be bound by the provisions of the Deed governing the Fund.						
(c)	I am not nor have been a member of any superannuation fund nor have an interest in any Approved Deposit Fund or Rollover Annuity other than as disclosed on the reverse of this Application.						
(d)	I will make a full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other superannuation fund, Approved Deposit Fund or Roll Over Annuity.						
(e)	I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Deed.						
(f)	I consent to the Trustee acting as Trustee of the Fund.						
(g)	In the event of my death, I nominate the following persons as my Nominated Dependants:- (Note - a nomination is not necessary and if made must be reviewed from time to time.)						
NAME	ADDRESS	RELATIONSHIP	PERCENTAGE OF TOTAL BENEFIT OR FIXED AMOUNT				
37 He	POSERT GUTHRIE ENSMAN STREET - PERTH WA 6151	HUSBALD	loa				
Dated the		day of FERRUAR	4 2008,				
	JANINE SUSAN GUTH	RIF					
ame:							
ddress:	37 HOVSMAN STREE SOUTH PENTH WA 61						

## APPLICATION FOR MEMBERSHIP

To:	The Trustee, THE KR+ JS	GUTHRIE	SUPERANUAT	now FLOD.			
I here	by apply for admission to membership of the	e Fund.					
I agre	e and undertake as follows:						
(a)	I understand the terms and conditions of the Trust Deed and I acknowledge I have been informed of my rights and the rights of my Dependants pursuant to the Deed.						
(b)	I will be bound by the provisions of the Deed governing the Fund.						
(c)	I am not nor have been a member of any superannuation fund nor have an interest in any Approved Deposit Fund or Rollover Annuity other than as disclosed on the reverse of this Application.						
(d)	I will make a full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other superannuation fund, Approved Deposit Fund or Roll Over Annuity.						
(e)	I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Deed.						
(f)	I consent to the Trustee acting as Trustee of the Fund.						
(g)	In the event of my death, I nominate the (Note - a nomination is not necessary and	following person d if made must be	s as my Nominated I reviewed from time	Dependants:- to time.)			
NAME	ADDRESS	RELAT	IONSHIP	PERCENTAGE OF TOTAL BENEFIT OR FIXED AMOUNT			
37	HENSMAN STREET	Wi	FE	(00			
Dated the			FEBRUARY	208.			
Name:	KIM ROBENT CUTH RIE	<u>.</u>					
Address:	37 HONSMAN STREE						
	SOUTH PENTH WA	6151					
Signature:	KR						