

NOTICE TO TRUSTEE BY MEMBER

To the Trustees of THE HILLCREST
SUPERANNUATION FUND

I (member's name) Fabienne Alana RAFAEL

hereby advise that my Membership Number in the above Fund is 2, and

1. NOMINATION RE TYPE OF BENEFIT PAYMENT: I hereby notify you that I require that my benefit entitlement, when payable, be applied in the following form and proportions:

TOWARDS THE PAYMENT OF A LUMP SUM: ~~100~~ 100%

TOWARDS THE PAYMENT OF A PENSION: 100%

2. NOMINATION OF BENEFICIARY: I hereby notify you that I require that my benefit entitlement, in the event of my death before it is payable, be paid to my beneficiaries as nominated below and in the proportions nominated below:

Name: MR VANCELL RAFAEL 100%

Address: 6 HILLCREST ST WARRONGA 2076

Relationship: SPOUSE

Name: _____ %


Address: _____

Relationship: _____

3. NOMINATION OF NEW ADDRESS: The following is my new address:

The above nomination(s) replace any previous nomination(s) I may have given.

Nomination(s) categories left blank have been crossed out.

29-05-09
Date: SIGNATURE: 

SUPERANNUATION FUND : MEMBER APPLICATION

To The Trustee of THE HILLCREST

SUPERANNUATION FUND

I, Fabienne Alana RAFAEL

Occupation

Investor

Date of Birth: 4.4.56

Of (address)

6 Hillcrest Street,

Wahroonga, NSW, 2076.

hereby apply for membership of the above Superannuation Fund and agree to be bound by and conform to the Rules of the said Fund, and confirm that I have been provided with a copy of the Deed and Rules of the said Fund. If I am an Employee, I Nominate the above Fund to my Employer for the purposes of Superannuation Guarantee Charge Act and award based (if any) contributions on my account.

Employment Status (Employee, Self-Employed, Other) SELF-EMPLOYED MEMBER

Employer (if applic) _____

Employed Since

(date commenced with current employer): _____

Tax File Number _____

Date: 29-05-09 SIGNED (applicant):

(OPTIONAL) EMPLOYER'S STATEMENT: I/We, the abovenamed Employer, approve the above Fund Nomination and have given the above employee a copy of this Statement. If an Employer Sponsor in the above Fund, I/We nominate the above employee for membership of the above Fund.

Date: _____

SIGNED (employer): _____

TRUSTEE'S RECORD

MEMBER No: _____

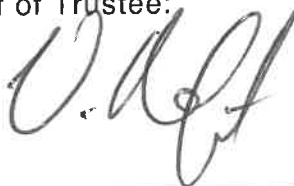
2

Date Recd: _____

Date Approved: 29-5-09

Date the Member was given the "Advice to New Members" Statement: _____

Signature(s) of or on behalf of Trustee:



ADVICE TO NEW MEMBERS

To (member's name) Fabienne Alana RAFAEL

Of (address) 6 Hillcrest Street, Wahroonga, NSW, 2076.

The Trustees of THE HILLCREST
SUPERANNUATION FUND

hereby advise that your Membership Number in the above Fund is 2, and

1. This Fund is not subject to detailed prudential supervision.
2. Information regarding your benefit entitlements as a member of the Fund and any benefits that you may be entitled to receive are set out in the Rules of the Fund, a copy of which has been provided to you.
3. Information regarding the performance of the Fund is set out in the last Report to Members (if any), a copy of which has been provided to you.
4. The Fund complies with the provisions of the Superannuation Industry (Supervision) Act 1993 ("SIS").
5. The accounts of the Fund must be audited and a report lodged annually with APRA.
6. The Investment Strategy of the Fund is:

To invest in interest-bearing bank deposits, government bonds, real property, shares in stable listed public companies, units in trusts which invest in any of the foregoing, and in such other types of investments as from time to time are approved by the Regulator and as would be in the best interests of the members.

7. The Trustee's strategy for the prudential management of the reserves of the Fund, and its capacity to discharge its liabilities as and when they fall due, is:

To avoid speculative and high-risk investments, and (so far as is practical with the funds available from time to time) to spread the investments of the Fund over a number of types of investments.

In selecting investments for the Fund, the Trustee(s) will take due account from time to time of the probability of a need in the near future to pay benefits to members on retirement or cessation of membership for other reasons, and will accordingly take due account of the convertability of investments to cash when needed.

Signature(s) of or on behalf of Trustee:

Date: 29-05-09

SUPERANNUATION FUND : MEMBER APPLICATION

To The Trustee of THE HILLCREST

SUPERANNUATION FUND

I, Vangell Michele RAFAEL

Occupation Company Director Date of Birth: 3.7.53

Of (address) 6 Hillcrest Street,
Wahroonga, NSW, 2076.

hereby apply for membership of the above Superannuation Fund and agree to be bound by and conform to the Rules of the said Fund, and confirm that I have been provided with a copy of the Deed and Rules of the said Fund. If I am an Employee, I Nominate the above Fund to my Employer for the purposes of Superannuation Guarantee Charge Act and award based (if any) contributions on my account.

Employment Status (Employee, Self-Employed, Other): EMPLOYEE MEMBER

Employer (if applic) _____

Employed Since (date commenced with current employer): _____

Tax File Number _____

Date: 29-5-09 SIGNED (applicant):



(OPTIONAL) EMPLOYER'S STATEMENT: I/We, the abovenamed Employer, approve the above Fund Nomination and have given the above employee a copy of this Statement. If an Employer Sponsor in the above Fund, I/We nominate the above employee for membership of the above Fund.

Date: _____ SIGNED (employer): _____

TRUSTEE'S RECORD

MEMBER No: 1 Date Recd: _____ Date Approved: 29-5-09

Date the Member was given the "Advice to New Members" Statement: _____

Signature(s) of or on behalf of Trustee:



ADVICE TO NEW MEMBERS

To (member's name) Vangell Michele RAFAEL

Of (address) 6 Hillcrest Street, Wahroonga, NSW, 2076.

The Trustees of THE HILLCREST
SUPERANNUATION FUND

hereby advise that your Membership Number in the above Fund is 1, and

1. This Fund is not subject to detailed prudential supervision.
2. Information regarding your benefit entitlements as a member of the Fund and any benefits that you may be entitled to receive are set out in the Rules of the Fund, a copy of which has been provided to you.
3. Information regarding the performance of the Fund is set out in the last Report to Members (if any), a copy of which has been provided to you.
4. The Fund complies with the provisions of the Superannuation Industry (Supervision) Act 1993 ("SIS").
5. The accounts of the Fund must be audited and a report lodged annually with APRA.
6. The Investment Strategy of the Fund is:

To invest in interest-bearing bank deposits, government bonds, real property, shares in stable listed public companies, units in trusts which invest in any of the foregoing, and in such other types of investments as from time to time are approved by the Regulator and as would be in the best interests of the members.

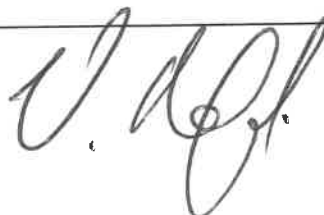
7. The Trustee's strategy for the prudential management of the reserves of the Fund, and its capacity to discharge its liabilities as and when they fall due, is:

To avoid speculative and high-risk investments, and (so far as is practical with the funds available from time to time) to spread the investments of the Fund over a number of types of investments.

In selecting investments for the Fund, the Trustee(s) will take due account from time to time of the probability of a need in the near future to pay benefits to members on retirement or cessation of membership for other reasons, and will accordingly take due account of the convertability of investments to cash when needed.

Signature(s) of or on behalf of Trustee:

Date: 29-5-09



NOTICE TO TRUSTEE BY MEMBER

To the Trustees of THE HILLCREST
SUPERANNUATION FUND

I (member's name) Vangell Michele RAFAEL

hereby advise that my Membership Number in the above Fund is 1, and

1. NOMINATION RE TYPE OF BENEFIT PAYMENT: I hereby notify you that I require that my benefit entitlement, when payable, be applied in the following form and proportions:

TOWARDS THE PAYMENT OF A LUMP SUM: %

TOWARDS THE PAYMENT OF A PENSION: 100 %

2. NOMINATION OF BENEFICIARY: I hereby notify you that I require that my benefit entitlement, in the event of my death before it is payable, be paid to my beneficiaries as nominated below and in the proportions nominated below:

Name: FABZENNE ALUNA RAFAEL 100 %

Address: 6 HILLCREST STREET, WHARONGA

Relationship: WIFE

Name: %

Address:

Relationship:

3. NOMINATION OF NEW ADDRESS: The following is my new address:

The above nomination(s) replace any previous nomination(s) I may have given.

Nomination(s) categories left blank have been crossed out.

Date: 27-5-09 SIGNATURE: 