	$\overline{}$	NOTICE TO TRUSTEE BY MEMBER
To the Trustees of		THE HILLCREST
	, • , , , , , , , , , , , , , , , , , ,	SUPERANNUATION FUND
(me	ember's name)	Fabienne Alana RAFAEL
ere	by advise that m	ny Membership Number in the above Fund is , and
	NOMINATION that my benef proportions:	RE TYPE OF BENEFIT PAYMENT: I hereby notify you that I require fit entitlement, when payable, be applied in the following form and
		TOWARDS THE PAYMENT OF A LUMP SUM: 400 %
		TOWARDS THE PAYMENT OF A PENSION: %
2.	entitlement, in	OF BENEFICIARY: I hereby notify you that I require that my benefit the event of my death before it is payable, be paid to my beneficiaries below and in the proportions nominated below:
	Name:	MR VANGEL RAFAEL 100 %
	Address:	6 HILLCREST ST WATERONGA 201
	Relationship:	SPOUSE
	Name:	%
	Address:	
	Relationship:	
3.	NOMINATION	OF NEW ADDRESS: The following is my new address:
The	above nominati	on(s) replace any previous nomination(s) I may have given.
Non	nination(s) categ	pories left blank have been crossed out.
0	9-05 ate:	-09

SUPERANNUATION FUND: MEMBER APPLICATION

To The Trustee of	THE HILLCREST	
	SUPERANNUATION	FUND
Ι,	Fabienne Alana RAFA	EL
Occupation	Investor	Date of Birth: 4.4.56
Of (address)	6 Hillcrest Street,	
	Wahroonga, NSW, 207	76.
bound by and conf provided with a cop Nominate the abo	orm to the Rules of the by of the Deed and Rule we Fund to my Employ	e Superannuation Fund and agree to be said Fund, and confirm that I have been so of the said Fund. If I am an Employee, I yer for the purposes of Superannuation fany) contributions on my account.
Employment Status	(Employee, Self-Emplo	oyed, Other)SELF-EMPLOYED MEMBER
Employer (if applic)	
Employed Since	(date commenced with	current employer):
Tax File Number		
Date: $29-0$	GNED (applie	cant):
approve the above this Statement. If a	Fund Nomination and	NT: I/We, the abovenamed Employer, have given the above employee a copy of the above Fund, I/We nominate the above nd.
Date:	SIGNED (empl	oyer):
	TRUSTEE'S	SRECORD
MEMBER No:	2 Date Recd:	Date Approved: 29-5-09
Date the Member v	 vas given the "Advice to	New Members" Statement:
Signature(s) of or	on behalf of Trustee:	H

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 yo	our 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() 9-35-09	
2 100	

SUPERANNUATION FUND : MEMBER APPLICATION

SUPERANNUATION FUN	D
Vangell Michele RAFAEL	
Company Director	Date of Birth: 3.7.53
6 Hillcrest Street,	
Wahroonga, NSW, 2076.	
form to the Rules of the said by of the Deed and Rules of live Fund to my Employer f	perannuation Fund and agree to be I Fund, and confirm that I have been the said Fund. If I am an Employee, I or the purposes of Superannuation contributions on my account.
s (Employee, Self-Employed	Other): EMPLOYEE MEMBER
)	
(date commenced with curi	rent employer):
	10 1 01
SIGNED (applicant)	0.14
Fund Nomination and have	I/We, the abovenamed Employer, given the above employee a copy of bove Fund, I/We nominate the above
SIGNED (employer)	:
TRUSTEE'S RE	CORD
TRUSTEE'S RE 1 Date Recd: vas given the "Advice to New	Date Approved: <u>29-5-0</u> 9
1 Date Recd:	Date Approved: <u>29-5-0</u> 9
() () () () () () () () () ()	Wahroonga, NSW, 2076. Deembership of the above Surement to the Rules of the said by of the Deed and Rules of the Fund to my Employer for Act and award based (if any (Employee, Self-Employed) (date commenced with current Signed Commenced (if any Signed Commenced) PLOYER'S STATEMENT: Fund Nomination and have nemployer Sponsor in the action of the said

ADVICE TO NEW MEMBERS

To (r	nember's name)	Vangell Michele RAFAEL	
Of (address)		6 Hillcrest Street, Wahroonga, NSW, 2076.	_
The Trustees of		THE HILLCREST	
		SUPERANNUATION FUND	
here	by advise that yo	our Membership Number in the above Fund is $1 $, a	nd
1.	This Fund is no	t 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.		ny , a
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.		to
4.	The Fund complies with the provisions of the Superannuation Industry (Supervision) Act 1993 ("SIS").		on)
5.	The accounts of the Fund must be audited and a report lodged annually with APRA.		
6.	The Investment	t Strategy of the Fund is:	
	property, invest in from time	t in interest-bearing bank deposits, government bonds, reshares in stable listed public companies, units in trusts whi any of the foregoing, and in such other types of investments to time are approved by the Regulator and as would be in tests of the members.	as
7	The Trustee's sits capacity to	strategy for the prudential management of the reserves of the Fund, a discharge its liabilities as and when they fall due, is:	and
	practical	I speculative and high-risk investments, and (so far as with the funds available from time to time) to spread to the Fund over a number of types of investments.	is the
	account f to pay be other re	from time to time of the probability of a need in the near future fits to members on retirement or cessation of membership easons, and will accordingly take due account of the probability of investments to cash when needed.	ure for
Signature(s) of or on behalf of Trustee: Date: 29-5-09:			

	NOTICE TO TRUSTEE BY MEMBER
To the Trustees o	THE HILLCREST
	SUPERANNUATION FUND
I (member's name) Vangell Michele RAFAEL
hereby advise tha	t my Membership Number in the above Fund is 1 , and
1. NOMINATION that my be proportions:	ON RE TYPE OF BENEFIT PAYMENT: I hereby notify you that I require nefit entitlement, when payable, be applied in the following form and
	TOWARDS THE PAYMENT OF A LUMP SUM:
	TOWARDS THE PAYMENT OF A PENSION: %
entitlement,	ON OF BENEFICIARY: I hereby notify you that I require that my benefit in the event of my death before it is payable, be paid to my beneficiaries d below and in the proportions nominated below:
Name:	FABZENNE ALINA RAFAEL. 100 % CO HELLCREST STREET, WHIRCONGA
Address:	
Relationship	WIFE
Name:	%
Address:	
Relationship	:
3. NOMINATIO	N OF NEW ADDRESS: The following is my new address:
	A A
	ation(s) replace any previous nomination(s) I may have given.
Date: 27-5-	09 SIGNATURE:

(©CNL)