

THE TRUSTEES
THE THORPE SUPERANNUATION FUND
17 HUMMERSTON ROAD
KALAMUNDA WA 6076

Re: Application For Membership

I, the undersigned person, being eligible, hereby apply for admission to membership of the Superannuation Fund.

I undertake as follows:

- (i) I will be bound by the Trust Deed governing the Fund as it is presently constituted or as it may be varied from time to time.
- (ii) I understand the terms and conditions of the Trust Deed including benefits payable to Members and understand my rights and the rights of my dependants pursuant to the Trust Deed.

My personal details are as follow;

Full Name: PETER MALLINSON THORPE
 Address: 17 HUMMERSTON ROAD
 KALAMUNDA WA 6076
 D.O.B.: 04/04/56
 Salary: \$
 Employer:

Address:

Date Employment Commenced: / /



I hereby acknowledge that the discretion vested in you by Rule 12.2 of the Fund is an absolute free and unfettered discretion but I express the wish that in the exercise of such discretion you give consideration to paying any death benefit in the following proportions:

Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	Proportion of Lump Sum Death Benefit
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Dated this AUGUST 27, 1996

Yours faithfully,

P. M. Thorpe

 PETER MALLINSON THORPE