APPLICATION FOR MEMBERSHIP

To the Trustees,

THE MATTHEWS SUPERANNUATION FUND
26 BELLVIEW STREET
CABOOLTURE QLD 4510

I, LEONIE MARY MATTHEWS apply for admission to membership of the Fund and 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 and those of my employer/s are attached to this application. I acknowledge that the discretion vested in you by Rule 12.2 of the Fund is an absolute and unfettered discretion but I express the wish that in the exercise of such discretion you give consideration to paying lump sum death benefit in the following proportions:–

Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	% of Lump Sum Death Benefit
James Robert Matthews.	26 Bellview St. Caboolture 4510	Husband	100%

I understand that the Trustee is required to request that I provide my Tax File Number for the purposes of Section 299F of the *Superannuation Industry (Supervision) Act 1993*. I further understand that I am under no obligation to supply this number, but that should I fail to do so, tax may be deducted from my account at the top marginal rate.

SIGN HE

My Tax File Number is: 487 - 461 - 238

Dated: 26/06/2006

Signature: L.m. Matthews

LEONIE MARY MATTHEWS