## SCHEDULE B Form of Application by Member (Comprising Parts A to D)

PART A: Application Details (compulsory)
To Trustees of Pal TAYLOR SUPERANNUATION FUND (Name of Fund
hereby apply to become a Member of the above Fund subject to the terms and conditions contained in the Superannuation Fund Trust Deed dated 19/6/2008 as it may be varied from time to time  acknowledge receipt of a Notice to Member dated 19/6/2008  understand the Benefits payable to me pursuant to the Deed, particularly those set out in subdivisions A1 and A2  confirm that any current Member of the Fund with whom I am in a relationship of Employment, is also a Relative of Mine  confirm that the provisions of the Superannuation Law do not prohibit me from being a Trustee or a Director of a Corporate Trustee of the Fund.  attach an ATO Individual Tax File Number Notification form, duly completed and signed by me  will upon request provide to the Trustee in writing all information required by the Trustee in respect of my Membership of the Fund including:  medical reports on my medical condition  medical reports on my medical condition  any circumstances which may have the effect that I may enter into a relationship of Employment with a Member of the Fund who is not a Relative of Mine  any circumstances which may have the effect that I may become disqualified under the Superannuation Law from being a Trustee or a Director of a Corporate Trustee of the Fund.
agree to being a Trustee or a Director of a Corporate Trustee of the Fund.  The consent of my employer is set out at the foot of this application, where applicable.
I confirm that my Employer may deduct all contributions required to be made by me from my salary, and to pay these sums to the Trustee, and that this Application shall provide the authority to so do.
My particulars are:
Address: 10 PARKHAM LOAD
Occupation: $0 + \sqrt{1/0/194}$ Date of Birth: $1 + \sqrt{1/0/194}$
Membership Class: circle C1 Ordinary Full
Note: if no class is selected, the Member will be admitted to Full Membership.)
Member's Signature to Part A:         X         Date:         / /200

Parts B and C are optional Please use check list on page 4

Please return parts A, B, C and D (3 Pages) to Trustee with TFN Notification Form.

PART D: Consents to Members We hereby consent to the admission	<u>hin</u> on of the abovementione	ed as a Member of the Fund:	
X Pal TAylor Pry Principal:	LIMITED X	x P 7A/LoR Employer:	

## SCHEDULE B Form of Application by Member (Comprising Parts A to D)

PART A: Applica	tion Details (compul	sory)			
To Trustees of:	X/ TAYLOR	SUPERANNU	97100	FUND	(Name of Fund
I, OO 7  hereby ap Superann acknowle understan confirm the Mine confirm the Corporate attach an will upon Membersh	ply to become a Membration Fund Trust Deedge receipt of a Noticed the Benefits payable at any current Membrat the provisions of the Trustee of the Fund.  ATO Individual Tax for request provide to the hip of the Fund including medical reports on any circumstances Member of the Fundany circumstances Law from being a reing a Trustee or a Direction of the Fundany circumstances and the fundances of the Fundany circumstances and the fundances of the Fundany circumstances are a particular and the fundances of the Fundany circumstances are a particular and the fundances of the fundance	per of the above Fund subdited 19 / 6 / 2 to Member dated 19 / 6 / 2 to me pursuant to the Deter of the Fund with whom e Superannuation Law do File Number Notification Trustee in writing all info	ject to the term 200 f as it n 7 200 f ed, particularl I am in a relation form, duly conformation require t that I may en f Mine t that I may be Corporate True ee of the Func	ms and conditions co nay be varied from the y those set out in sub- tionship of Employm me from being a Trus impleted and signed be fired by the Trustee in inter into a relationship ecome disqualified unstee of the Fund.	(name) ntained in the me to time divisions A1 and A2 nent, is also a Relative of stee or a Director of a ny me respect of my
I confirm that my E	mployer may deduct a	all contributions required to the provide the authority to	o be made by		and to pay these sums to
My particulars are:					
Address:		ARRHAM 1 NDS NSW 2			
Occupation:					
Date of Birth:	30/6/	1956			
Membership Class:		Ordinary selected, the Member wi	II be admitted	Full I to Full Membership	o.)
Member's Signature				V Dotos	/ /200

Parts B and C are optional Please use check list on page 4

Please return parts A, B, C and D (3 Pages) to Trustee with TFN Notification Form.

PART D: Consents to Membershi We hereby consent to the admission		a Member of the Fund:	
X Principal:	( LINVIE) x	x P TAYLOR.	X