

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

**PART A: Application Details (compulsory)**

To Trustees of: P & L TAYLOR SUPERANNUATION FUND (Name of Fund)

I, PETER TAYLOR (name)

- 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
  - 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 ROAD  
OATLANDS NSW 2117

Occupation: Director

Date of Birth: 11/10/1941

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 X Date: 1/200

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 Membership**

We hereby consent to the admission of the abovementioned as a Member of the Fund:

x PAL TAYLOR PTY LIMITED x  
Principal:

x P TAYLOR x  
Employer:

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

**PART A: Application Details (compulsory)**

To Trustees of: P&L TAYLOR SUPERANNUATION FUND (Name of Fund)

I, LOU TAYLOR (name)

- 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 16 1200 8 as it may be varied from time to time
- acknowledge receipt of a Notice to Member dated 19 16 1200 8
- 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
  - 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 PARKMAN ROAD  
OATLANDS NSW 2117

Occupation: \_\_\_\_\_

Date of Birth: 30/6/1956

Membership Class: circle  CI  Ordinary  Full  
*Note: if no class is selected, the Member will be admitted to Full Membership.)*

Member's Signature to Part A: X \_\_\_\_\_ X Date: 1 / 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 Membership**

We hereby consent to the admission of the abovementioned as a Member of the Fund:

x PAK TAYLOR PTY LIMITED x  
Principal:

x P TAYLOR x  
Employer: