

APPLICATION FOR MEMBERSHIP

NAME OF FUND : THE HUTCHINGS SUPERANNUATION FUND

TITLE :

Mr/Mrs/Miss/Ms/Other HUTCHINGS
(Surname)

PHILLIP GORDON
(Given Names)

HOME ADDRESS : 22 BREADALBANE STREET

CARINDALE QLD 4152
(Suburb) (State) (Postcode)

DATE OF BIRTH : 11 / 09 / 19 55
(Day) (Month) (Year)

MARITAL STATUS : MARRIED

Are you a member of any other Superannuation Scheme, Approved Deposit Fund, or Deferred Annuity Fund ?

(~~Yes~~ / No)

Are you transferring benefits on termination of employment or from a Superannuation Scheme, Approved Deposit Fund, or Deferred Annuity Fund into this Fund ?

(Yes / ~~No~~)

I hereby apply to the Trustees for admission as a Member of the Fund and I undertake to be bound by all the terms and conditions of the Deed constituting the Fund and relating thereto and any future variations, amendments or modifications of the said Deed which may hereafter be lawfully made from time to time.

Being a proposed Member of the Fund, I hereby agree to the appointment of P.G. Hutchings and Carolyn Edna Hutchings as ~~Trustee~~ / Trustees of the Fund.

I declare that the above information is correct in every particular and undertake to provide the Trustee/s with such further information as they may require.

..... P.G. Hutchings
SIGNED

..... 25 April 1991
DATED