DAVINE SUPERANNUATION FUND

APPLICATION TO BECOME A MEMBER

I hereby apply to become a Member of DAVINE SUPERANNUATION FUND ('the Fund') on the terms and conditions contained in the Trust Deed dated the 8th day of May 2009 as amended from time to time ('the Trust Deed') governing the Fund.

I agree that, as a Member, I will be bound by the terms and conditions of the Trust Deed.

I acknowledge that:

- (a) the Fund is an accumulation fund and that neither the Trustee nor any employer guarantees the total amount of benefits to which I may become entitled; and
- (b) I have received or have, or know that I have, access to, all of the information that a Product Disclosure Statement for the Fund would be required to contain

I undertake to advise the Trustee of any subsequent changes in my personal details as set out below:-

Surname: SLUGGETT
Given Names: DAVID LESLIE

Residential Address: 615 Sluggetts Road, Bute, SA, 5560

Date of Birth: 07/06/1958

_______David Leslie Sluggett