

THE CASTLE SUPERANNUATION FUND

APPLICATION FOR MEMBERSHIP

Full Name: Kate Louise Castle
Address: 47 Londonderry Drive
Killarney Heights NSW 2087
Date of Birth: 14/06/1980

I make application to become a member of the The Castle Superannuation Fund ("The Fund")

*I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.

* The Applicant hereby applies to make contributions to the Fund and agrees to be bound by the Deed and Rules governing the Fund.

Pursuant to the authorisations for the collection of Tax File Numbers ("TFN") contained in the taxation laws, the *Superannuation Industry (Supervision) Act 1993* and the *Privacy Act 1988*, I hereby agree to provide my TFN as follows:

My Tax File Number is: 3 7 2 2 9 0 9 2 3
and I hereby authorise the trustees to use this tax file number.

NOMINATION OF BENEFICIARIES (Non Binding)

Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I hereby nominate the following persons to receive the benefit payable by the Trustees of the fund in the event of my death:

Name and Address	Relationship to member	Proportion of benefit
<u>PETER CASTLE</u>		
<u>47 LONDONDERRY DR, KILLARNEY HEIGHTS NSW 2087</u>	<u>HUSBAND</u>	<u>100</u> %
		%

Dated this 1st Day of September 2016

Signature of Applicant: Kate Castle

* Delete this clause if inapplicable

SIGN HERE

THE CASTLE SUPERANNUATION FUND

APPLICATION FOR MEMBERSHIP

Full Name: Peter John William Castle

Address: 47 Londonderry Drive
Killarney Heights NSW 2087

Date of Birth: 14/02/1978

I make application to become a member of the The Castle Superannuation Fund ("The Fund")

*I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.

* The Applicant hereby applies to make contributions to the Fund and agrees to be bound by the Deed and Rules governing the Fund.

Pursuant to the authorisations for the collection of Tax File Numbers ("TFN") contained in the taxation laws, the *Superannuation Industry (Supervision) Act 1993* and the *Privacy Act 1988*, I hereby agree to provide my TFN as follows:

My Tax File Number is: 2 0 1 0 6 0 7 8 6
and I hereby authorise the trustees to use this tax file number.

NOMINATION OF BENEFICIARIES

I hereby nominate the following persons to receive the benefit payable by the Trustees of the fund in the event of my death:

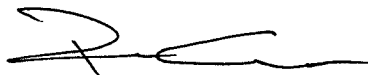
Name and Address	Relationship to member	Proportion of benefit
KATE CASTLE 47 LONDONDERRY DR, KILLARNEY HEIGHTS NSW 2087	WIFE	100 %
		%

* I would like this nomination to be binding on the trustees (cross out & initial if inapplicable)

Dated this 1st Day of September 2016

SIGN HERE

Signature of Applicant: _____



BINDING DEATH BENEFIT NOMINATION

To the Trustees of the The Castle Superannuation Fund.....

I Peter John William Castle,.....

of 47 Londonderry Drive.....
Killarney Heights NSW 2087.....

as a member of the above fund, direct you to pay my death benefit to the following persons in the proportions as shown:

Name of Beneficiary	Relationship to Me	Percentage of Benefit	Transfer via Lump Sum or Pension
KATE CASTLE	WIFE	100%	LUMP SUM
.....
.....
.....

If any of the person nominated above predecease me I direct you to pay the proportion of my death benefit that would have been payable to that person to the following persons in the proportions as shown:

Name of Beneficiary	Relationship to Me	Percentage of Benefit	Transfer via Lump Sum or Pension
AVA CASTLE	DAUGHTER	$33\frac{1}{3}\%$	LUMP SUM PENSION
ARCHIE CASTLE	SON	$33\frac{1}{3}\%$	PENSION
SACINTA CASTLE	DAUGHTER	$33\frac{1}{3}\%$	PENSION
.....

I understand that:

1. I can amend or revoke this Nomination at any time by providing a new nomination.
2. Unless amended or revoked earlier, this nomination is binding on the trustees for a period of three (3) years from the date this nomination is signed.

OR

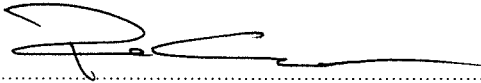
I understand that this nomination will not lapse unless I amend or revoke it.

(cross out whichever is inapplicable)

3. If the total proportion of my benefit nominated above does not equal my entire benefit then I understand that the trustee shall have discretion as to where the remaining proportion of my benefit shall be paid.
4. I understand that if I have not completed this nomination correctly then it may be invalid and that the trustee may then have a discretion as to where my benefit is paid.

I acknowledge that I have been provided with the necessary information to enable me to make an informed nomination and I fully understand the effect of this nomination.

Signed



Date: 22/9/2016

Witnesses: (This nomination must be signed by 2 witnesses over the age of 18 and not named as beneficiaries)

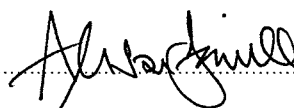
We declare that:

- * This Nomination was signed by the member in our presence
- * We are aged 18 years or older
- * We are not named as beneficiaries in this nomination.



Name: Amelia-Anne Buchhorn

Date: 23/9/2016



Name: ALISON SMITH

Date: 23/9/2016