Schedule 1 BT HARDIE SUPERANNUATION FUND APPLICATION FOR MEMBERSHIP

1. The	ereby apply	for	admission	to	membership	of the	Fund.
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- 2. I state I am eligible to be admitted as a member of the Fund and (if the Fund is a self managed fund) appointed a Trustee (or a director of a corporate Trustee).
- 3. I agree as follows:
 - (1) I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
 - (2) I understand the terms and conditions of the Trust Deed, including the benefits payable, my rights and the rights of my Dependants.
 - (3) I consent to the Trustee acting as Trustee of the Fund.
 - (4) I agree (if the Fund is a self managed fund) to be appointed a Trustee or a director of the corporate Trustee.
 - (5) I agree to give to the Trustee my details (including any Tax File Number), or obtain them from my Employer.
 - (6) I agree to give any other information the Trustee may require for the purposes of the Fund.

Dated the ISTH	day of	MAY	20 º3 .		BT:		
Name: Address: Occupation: Date of Birth:	- K	rmer			 Signature:√ Date:′.Ş⊤.Ş	**************************************	N Marie
NOMINATED		•	•				
I nominate the a binding nom			ns as my Nomir	nated Depe	ndants (and acki	nowledge this is	not
NAME			RELA	ATIONSHIP	% OF TO	OTAL BENEFIT	•

			ų.				

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1.	I hereby apply for admission to membership of the Fund.
2.	I state I am eligible to be admitted as a member of the Fund and (if the Fund is a self managed fund) appointed a Trustee (or a director of a corporate Trustee).

- I agree as follows:

 (1) I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
 - (2) I understand the terms and conditions of the Trust Deed, including the benefits payable, my rights and the rights of my Dependants.
 - (3) I consent to the Trustee acting as Trustee of the Fund.
 - (4) I agree (if the Fund is a self managed fund) to be appointed a Trustee or a director of the corporate Trustee.
 - (5) I agree to give to the Trustee my details (including any Tax File Number), or obtain them from my Employer.
 - (6) I agree to give any other information the Trustee may require for the purposes of the Fund.

Dated the 15T	-		2014.		SH	
Name: Address: Occupation: Date of Birth:	SUEF RMB FARM 	10~198.0	HARDIE Ums WA b	39/ Signa Date:	ture:\\ <i>Allbruz</i> 1-6-2014	
NOMINATED			as my Nominate	ed Dependants	(and acknowledge this i	is not
I nominate the following persons as my Nominated Dependants (and acknowledge this is not a binding nomination):						
NAME			RELATION	ONSHIP	% OF TOTAL BENEFI	T
BRADLEY TI	burs	LARDIE	Husa	40	100/3	
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		and year of the state of the st		Name of the state	genter, and the control of the state of the	
ST and Colf Commission or State Officers or State Officers or Colfeens or Colf			erregen en en Marien de Marien Marien Marien (de de la company en marien des des des réserces de la company de L			pag go denganant tindanti to flar PPP Pind

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