

(To be tabled at first meeting of directors)

6 December 2011

To

Neal Walker Borrowing Co Pty Ltd

8 St Marks Crescent

Figtree, NSW, 2525

Consent to act as Director

I consent to act as director of **Neal Walker Borrowing Co Pty Ltd**.


My personal details are as follows:

Full name	Gordon Neal Walker
Usual residential address	8 St Marks Crescent
Town / State / Postcode	Figtree, NSW 2525
Place of birth	Wollongong
Date of birth	27-06-1952

I give you notice of the following:

No Interests to declare.

Signed:



Gordon Neal Walker

(To be tabled at first meeting of directors)

6 December 2011

To

Neal Walker Borrowing Co Pty Ltd
8 St Marks Crescent
Figtree, NSW 2525

Consent to act as Secretary

I consent to act as secretary of **Neal Walker Borrowing Co Pty Ltd**.

My personal details are as follows:

Full name	Gordon Neal Walker
Usual residential address	8 St Marks Crescent
Town / State / Postcode	Figtree, NSW 2525
Place of birth	Wollongong
Date of birth	27-06-1952

Signed:



Gordon Neal Walker

Application to become a Member

This Application Form contains undertakings which must be made by you. It is also accompanied by the Product Disclosure Statement relevant to the fund contained in Annexure A.

Part 1 Application and undertakings

- I apply to become an initial member of this fund under the trust deed.
- I make each of the following undertakings:
 - I am not in an employment relationship with another member.
 - I am not a disqualified person under superannuation law from being a director of the trustee of the fund.
 - I will comply with the trust deed.
 - Upon request, I will fully disclose in writing any information required by the trustee in respect of my membership of the fund. This includes disclosing:
 - Any circumstance which may lead to my entering into an employment relationship with any other member of the fund who is not also a relative of mine.
 - That I may become disqualified under superannuation law from being a director of the trustee of the fund.
 - Any information in relation to my medical condition.
- I will act as a director of the trustee of the fund.
- I understand the trust deed, particularly its terms concerning the benefits payable under it, and I have read and understood the attached Product Disclosure Statement, annexed and marked 'A'.
- I have read and understand the prescribed information relating to the collection of Tax File Numbers by the trustees of superannuation funds.

I attach a completed ATO Individual Tax File Number Notification form.

Applicant name	Gordon Neal Walker
Applicant address	8 St Marks Crescent, Figtree NSW 2525
Applicant occupation	Forensic Investigator
Date of birth	27 June 1952
Applicant place of birth	Wollongong, NSW

Part 2 Death benefit arrangements

This part of the member's application form is blank because the member elected to 'do nothing'. When they are ready, the member can consider:

- a death benefit nomination (either binding or non-binding); or
- a Death Benefit Agreement which is binding and "permanent" until the member replaces or revokes it.

In either case, the member;

- could prepare the form of those documents using the relevant pro-forma in the schedules to the Fund's deed (if they're comfortable doing so); or
- could order those documents from the person or organisation who arranged this document for them.

Part 3 Provision of member's tax file number to regulated superannuation fund

To the director of the trustee of the Neal Walker Superannuation Fund.

I have been informed of the reasons why my TFN is sought by the fund.

My TFN is 118645767.

Date: 28/10/11

Signed: Gordon Neal Walker
Gordon Neal Walker
