

Hughes Superannuation Fund

Schedule 1 to this deed

1 Date deed established

17 May 2007

2 Names and addresses of trustees

Geoffrey Wilson Hughes
6 Azalea Grove
Pennant Hills, NSW 2120

Roberta Ruth Hughes
6 Azalea Grove
Pennant Hills, NSW 2120

3 Name and address of members

Geoffrey Wilson Hughes
6 Azalea Grove
Pennant Hills, NSW 2120

Roberta Ruth Hughes
6 Azalea Grove
Pennant Hills, NSW 2120

4 Name of person establishing the fund (Principal)

Geoffrey Wilson Hughes
6 Azalea Grove
Pennant Hills, NSW 2120

Hughes Superannuation Fund
Consent to Appointment as Trustee

I consent to being appointed a trustee of the Hughes Superannuation Fund.

Date: 22 June 2007

Signed: 
Geoffrey Wilson Hughes

Hughes Superannuation Fund

Individual Trustee Declarations

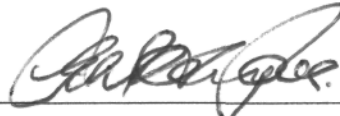
I make the following declarations:

- I have not been convicted of an offence against or arising out of a law of the Commonwealth, a State, a Territory or a foreign country, being an offence in respect of dishonest conduct.
- I have not had a civil penalty order made against me under the *Superannuation Industry (Supervision) Act 1993*.
- I am not an insolvent under administration.
- I have not been disqualified under section 120A of the *Superannuation Industry (Supervision) Act 1993*.

Date:

22 June 2007

Signed:



Geoffrey Wilson Hughes

Trustee

Hughes Superannuation Fund
Consent to Appointment as Trustee

I consent to being appointed a trustee of the Hughes Superannuation Fund.

Date: 22/06/2007.

Signed: Roberta Hughes.
Roberta Ruth Hughes

Hughes Superannuation Fund

Individual Trustee Declarations

I make the following declarations:

- I have not been convicted of an offence against or arising out of a law of the Commonwealth, a State, a Territory or a foreign country, being an offence in respect of dishonest conduct.
- I have not had a civil penalty order made against me under the *Superannuation Industry (Supervision) Act 1993*.
- I am not an insolvent under administration.
- I have not been disqualified under section 120A of the *Superannuation Industry (Supervision) Act 1993*.

Date: 22/06/2007.

Signed: Roberta Hughes.
Roberta Ruth Hughes
Trustee

Schedule 2 to this deed

[The fields in all of the following schedules are left intentionally 'blank' as the schedules are to be used as 'pro-forma' documents if the fund wishes to add members etc. in the future. These schedules are to be bound in and form part of this Deed.]

Application to become a Member

This Application Form contains your Death Benefit Nomination and 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 [*Either initial Or additional*] member of this fund under the trust deed.

I make each of the following undertakings:

- [*Either I am not in an employment relationship with another member. Or I am not in an employment relationship with another member who is not a relative of mine.*]
- I am not a disqualified person under superannuation law from being a [*Either trustee Or 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 [*Either trustee Or director of the trustee*] of the fund.
 - Any information in relation to my medical condition.
- I will act as a [*Either trustee Or 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 [Insert applicant's name]
 Applicant address [Insert applicant's address]
 Applicant occupation [Insert applicant's occupation]
 Date of birth [Insert applicant's date of birth]
 Applicant place of birth [Insert applicant's place of birth]

Part 2: Death Benefit: Beneficiary Nomination

If death benefit nomination is to be binding This is a binding death benefit notice. By completing and signing it you are requiring the trustee to provide any benefit payable on or after your death to the person or persons you mentioned in this notice, being one or more dependants or your legal personal representative. *Or If death benefit notice is to be non binding* This is a direction to the trustee as to how to apportion any benefit payable on your death. It is a non binding death benefit notice and the trustee retains the discretion as to how to apply any benefit payable on your death.

I direct [Either the trustees Or the directors of the trustee] that the person[s] named in the following table [are/is] to receive the proportions specified in that table of the benefit that is payable if I die.

Person	Relationship to member	Proportion of death benefit
[Insert beneficiary's name]	[Insert beneficiary's relationship to member]	[Insert proportion of the death benefit to be paid to this person] %
[Add rows to table as required]		

[If death benefit nomination is to be binding (Please note, that this beneficiary direction is valid for only 3 years.)]

Application to become a Member

This Application Form contains your Death Benefit Nomination and 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 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 trustee of the fund.
 - Any information in relation to my medical condition.
- I will act as a 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	Geoffrey Wilson Hughes
Applicant address	6 Azalea Grove, Pennant Hills NSW 2120
Applicant occupation	Civil Engineer
Date of birth	19 March 1947
Applicant place of birth	Hornsby NSW Chatswood

Part 2 Death benefit: beneficiary nomination

This is a direction to the trustee as to how to apportion any benefit payable on the member's death. It is not a binding death benefit notice and the trustee retains the discretion as to how to apply any benefit payable upon the member's death. I direct the trustees that the person named in the following table is to receive the proportions specified in that table of the benefit that is payable if I die.

Person	Relationship to member	Proportion of death benefit
<i>Roberta Ruth Hughes</i>	<i>Wife</i>	<i>100%</i>

Date: *22 June 2007* Signed by the applicant: 
Geoffrey Wilson Hughes

Witness: *Maree Garrett* Name: *Maree Garrett*

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

To the trustees of the Hughes Superannuation Fund.

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

My TFN is 116457575.

Date: 22 June 2007

Signed: 
Geoffrey Wilson Hughes

Application to become a Member

This Application Form contains your Death Benefit Nomination and 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 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 trustee of the fund.
 - Any information in relation to my medical condition.
- I will act as a 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	Roberta Ruth Hughes
Applicant address	6 Azalea Grove, Pennant Hills NSW 2120
Applicant occupation	Library Assistant
Date of birth	09 October 1952
Applicant place of birth	Stanthorpe Qld

Part 2 Death benefit: beneficiary nomination

This is a direction to the trustee as to how to apportion any benefit payable on the member's death. It is not a binding death benefit notice and the trustee retains the discretion as to how to apply any benefit payable upon the member's death. I direct the trustees that the person named in the following table is to receive the proportions specified in that table of the benefit that is payable if I die.

Person	Relationship to member	Proportion of death benefit
Geoffrey Wilson Hughes	HUSBAND.	100%

Date: 22/06/2007. Signed by the applicant: Roberta Hughes.
Roberta Ruth Hughes

Witness: Maree Garrett Name: Maree Garrett.

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

To the trustees of the Hughes Superannuation Fund.

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

My TFN is *125 866 753*

Date: *22/06/2007.*

Signed: *Roberta Hughes.*
Roberta Ruth Hughes


Execution

Executed as a deed.

Dated: 17/5/07

Signed sealed and delivered by
Geoffrey Wilson Hughes
in the capacity of trustee in the presence of:

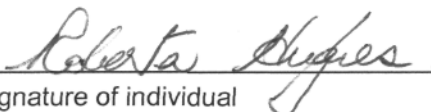
Maree Garrett
Signature of witness


Signature of individual

Maree Garrett
Name of witness (please print)

Signed sealed and delivered by
Roberta Ruth Hughes
in the capacity of trustee in the presence of:

Maree Garrett
Signature of witness


Signature of individual

Maree Garrett
Name of witness (please print)

Signed sealed and delivered

by Geoffrey Wilson Hughes in the capacity of
principal in the presence of:

Maree Garrett

Signature of witness

Geoffrey Wilson Hughes

Signature of individual

Maree Garrett

Name of witness (please print)