

Application for Membership

The Lelievre Super Fund

I, Marcel Lelievre of 56 Faheys Road West, Albany Creek,

have been formally appointed as a director of Lelievre Super Investments Pty Ltd ACN 161 695 816 of Level 1, 65 Old Cleveland Road, Stones Corner, QLD 4120 ('the trustee') the trustee for the Fund. As such I hereby apply for membership of the Fund and consent to becoming a member of it. I confirm that I am not aware of any impediment to my becoming a member. I acknowledge that I have read the product disclosure statement including any written or audiovisual information provided to me.

I agree, upon acceptance of my membership to:

1. Be bound by the terms of the deed and all of the rules of the Fund;
2. Be bound by all decisions of the trustee including decisions that may impact upon my membership benefits provided those decisions are made in accordance with the rules of the fund, the superannuation laws and the trustee laws;
3. Be a director of the trustee unless there is a specific trustee exemption in place in respect of my membership under the superannuation laws;
4. Provide information to the trustee where required including medical information enabling the trustee to facilitate any death or disablement insurance on my behalf;
5. Provide my tax file number to the trustee provided the trustee abides by the laws relating to the collection and dissemination of my tax file number;
6. Consent to the trustee to hold that information despite anything to the contrary in the privacy legislation;
7. Provide the trustee, within a reasonable period of time a detailed death benefit plan that may include a binding death benefit nomination;
8. Ensure that at the time of making any super contributions, transfers or rollovers that those contributions, transfers and rollovers are made in accordance with the superannuation laws;
9. Notify the trustee where I become disabled, retired, have reached preservation age or meet some other condition of release of my benefits from the preservation rules.
10. Notify the trustee where I become separated from my spouse, if I have one and the separation is deemed by either spouse to be irreconcilable.

I nominate the following Dependants (spouse or children) to be entitled to any benefit that I may have in the Fund upon my death:

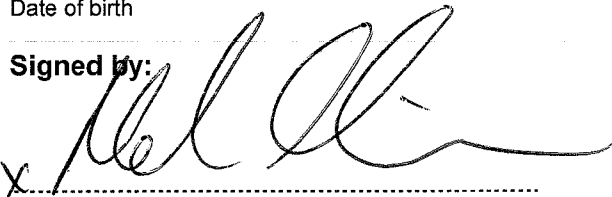
Name	Relationship	% of Benefit
MEGAN LELIEVRE	WIFE	100

The above is in place until I provide the trustee, a detailed death benefit plan as noted at 7. above.

09/06/1971
Date of birth

.....
Tax File Number (TFN)

Signed by:

x 

.....
Marcel Lelievre

.....
Date 18 / 12 / 12

Notification of Appointment and Acceptance

as a Director of Lelievre Super Investments Pty Ltd ACN 161 695 816('the trustee') and as a Member

The Lelievre Super Fund

To: Marcel Lelievre

The trustee has reviewed your application to join the Fund as a member that is conditional upon your appointment as a director of the trustee. It has been resolved by the trustee to:

1. Appoint you firstly as a director of the trustee. As director of the trustee you have agreed to be bound by the constitution of the trustee, the trust deed and rules of the Fund and the superannuation, taxation, family law, social security and State trustee laws;
2. Accept you as a member conditional upon you becoming first appointed as a director of the trustee. As a member you have acknowledged that you have read the product disclosure statement as required by the rules of the Fund and have agreed to be bound by the trust deed and rules of the Fund.

You would already have received a Product Disclosure Statement explaining your rights and responsibilities under the rules of the Fund as both a trustee and as a member. However we advise, that as a director of the trustee it is your responsibility to become acquainted with the constitution of the company and the rules of the Fund.

Furthermore we advise that you have a responsibility to complete the declaration provided on a form approved by the Regulator (Australian Taxation Office) that you understand your duties and obligations as director of the trustee.

Signed by and on behalf of the trustee:

x 

Signature

18 / 12 / 12
Date

Marcel Lelievre
Please print name

Appointment as Director of Lelievre Super Investments Pty Ltd

The Lelievre Super Fund

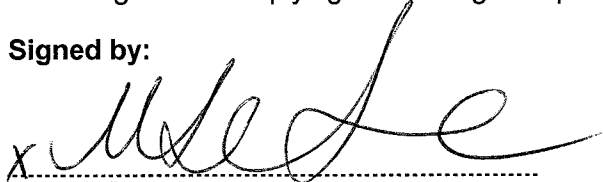
I, Megan Lelievre of 56 Faheys Road West, Albany Creek,

Hereby declare that:

1. I consent to act as a director of Lelievre Super Investments Pty Ltd ACN 161 695 816 of Level 1, 65 Old Cleveland Road, Stones Corner, QLD 4120 ('the Trustee') as trustee for the Fund.
2. I agree to be bound by the constitution of the company, the Fund's trust deed, all of the rules contained within the governing rules of the Fund, the laws under the *Superannuation Industry (Supervision) Act 1993* ('SIS Act'), the *Income Tax Assessment Act 1997*, the *Family Law Act 1975* (Part VIII B), the *Social Security Act 1991*, the relevant *State Trustee Act*, any successor acts and all regulations made for the purposes of the foregoing acts to ensure that:
 - a. The Fund elects to be a regulated superannuation fund under the *SIS Act*;
 - b. The Fund is continuously maintained as a self managed superannuation fund; and
 - c. The Fund remains a continuously complying superannuation fund.
3. I am not a disqualified person as that term is defined under the rules of the Fund and pursuant to Part 15 of the *SIS Act*. A disqualified person includes:
 - a. A person found guilty of a dishonest conduct offence in Australia or elsewhere;
 - b. A person that is insolvent under administration pursuant to the *Bankruptcy Act 1966*;
 - c. A person disqualified by the Regulator, as that term is defined under the rules of the Fund, according to Section 120A of the *SIS Act*.
4. I am not a person:
 - a. prohibited from managing a corporation under a State or Federal order; or
 - b. convicted of an offence relating to the management of a corporation under the *Corporations Act 2001* or convicted of an offence involving serious fraud;

The appointment is to last only so long as the continuing appointment does not render the Fund a non-complying self managed superannuation fund. Where the appointment jeopardises the Fund's complying status, I hereby agree to resign with effect immediately upon becoming advised by the trustee that my continuing appointment may result in the Fund becoming a non-complying self managed superannuation fund.

Signed by:

x 
Megan Lelievre

18, 12, 12
Date