

THE PARER SUPER FUND

APPLICATION FOR MEMBERSHIP

Full Name: Simon Parer

Address: 32 Mareeba Road
Ashgrove Qld 4060

Date of Birth: 10/11/1962

I make application to become a member of the The Parer Super 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: 486 438 965
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
REBECCA MARIE PARER (WIFE).		100 %
		%

Dated this 15th day of October 2015

Signature of Applicant: S. Parer

BINDING DEATH BENEFIT NOMINATION

To the Trustees of the The Parer Super Fund.....

I Simon Parer,.....

of 32 Mareeba Road.....
Ashgrove Qld 4060.....

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
Rebecca Parer	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
.....
.....
.....
.....

THE PARER SUPER FUND

APPLICATION FOR MEMBERSHIP

Full Name: Rebecca Parer

Address: 32 Mareeba Road
Ashgrove Qld 4060

Date of Birth: 28/02/1967

I make application to become a member of the The Parer Super 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: 491 256 147
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
Simon G. Parer (Husband)		100% %
		%

Dated this 15th day of October 2015

Signature of Applicant: Rebecca Parer

* Delete this clause if inapplicable

BINDING DEATH BENEFIT NOMINATION

To the Trustees of the The Parer Super Fund.....

I Rebecca Parer,.....

of 32 Mareeba Road.....

Ashgrove Qld 4060.....

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
Simon Parer	Husband	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
.....
.....
.....
.....