

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 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 the Applicant's 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.

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	KATHERINE SYLVIA DONNELLY
Applicant address	4 TRIBUTE COURT, GLENELLA QLD 4740, AUSTRALIA
Applicant occupation	
Date of birth	09 August 1957
Applicant place of birth	AYR, QLD

Part 2 Death benefit: beneficiary nomination

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 the Applicant's death to the person or persons you mentioned in this notice, being one or more of the Applicant's dependants or the Applicant's legal personal representative.

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
		%

Date: 29-03-2006. Signed by the applicant: K. D. Donnelly
KATHERINE SYLVIA DONNELLY

Witness: M. Donnelly Name: MARK DONNELLY