

SKANE SUPERANNUATION FUND

FORM 1

Application for Membership

To the Trustee of the Fund

FULL NAME	NAOMI WENY LICCIARDELLO	TAX FILE NO.	168 861 453
ADDRESS	22 Willow Crescent, WARRAGUL VIC 3820		
OCCUPATION	Administration	DATE OF BIRTH	29/03/1972

I apply for admission as a Member of the Fund and, in consideration of my admission as a Member:

1. I consent to being a trustee or director of a corporate trustee unless I am specifically excepted from this requirement under the Standards (eg, due to a legal disability such as under 18 years or being of unsound mind). I accept the responsibilities and liabilities of being a trustee or a director of a corporate trustee to a superannuation fund.
2. I agree to be bound by the provisions of the trust deed governing the Fund. I acknowledge that the expressions and meanings in this Application are identical to those used in the trust deed.
3. I undertake to provide any relevant information or documentary evidence and agree to submit to health and medical tests as requested from time to time by the Trustee related to my membership of the Fund.
4. I nominate the following Preferred Dependants (ie, spouse, children and/or a person who is financially dependent on me or in an interdependency relationship with me) should be paid any benefit that I have in the Fund on my death. I understand that the nomination of a Preferred Dependant below does not bind the Trustee and is overridden by any Binding Nomination in respect of my death benefit:

NAME	RELATIONSHIP	%OF BENEFIT
Matilda Paige Licciardello	daughter	50
Magenta Dakota Licciardello	daughter	50

5. I will notify the Trustee as soon as I cease to be Gainfully Employed or reach age 65.
6. I acknowledge that the Trustee can collect my tax file number (TFN) under the Standards.
7. I understand that the Trustee will only use the TFN for legal purposes. This includes finding or identifying my superannuation benefits where other information is insufficient, and calculating tax on any eligible termination payment I may be entitled to.
8. I understand that it is not an offence to omit my TFN from this application. But if I do omit to provide it now or later, I may pay more tax on my benefits than I would otherwise have to pay (but which may be later credited to a later assessment of tax) and I may lose benefits which are more difficult to find or to amalgamate with other benefits I am entitled to.
9. I acknowledge that the Trustee may provide any TFN disclosed to the Trustee to the trustee of any other superannuation fund to which my benefits are transferred in the future or to the Australian Taxation Office. However, I understand that my TFN will not be passed on in the event I direct the Trustee in writing not to disclose my TFN and, in any event, my TFN will be treated as confidential in accordance with the *Privacy Act 1988 (Cth)*.
10. I authorise the Trustee to retain and store information on my behalf despite any contrary provision in any privacy legislation
11. I declare that the information I provide to the Trustee will be true and correct. I acknowledge that it is my responsibility to inform the trustee of any error or changes regarding these matters.

SIGNATURE	DATE
Naomi Licciardello	23/11/2009

SKANE SUPERANNUATION FUND

FORM 1

Application for Membership

To the Trustee of the Fund

FULL NAME	GLENN LYNDEN SKANE	TAX FILE NO.	
ADDRESS	106 WALLACE ST BAIRNSDALE VIC 3875		
OCCUPATION	DRIVER	DATE OF BIRTH	28/04/1974

I apply for admission as a Member of the Fund and, in consideration of my admission as a Member:

- I consent to being a trustee or director of a corporate trustee unless I am specifically excepted from this requirement under the Standards (eg, due to a legal disability such as under 18 years or being of unsound mind). I accept the responsibilities and liabilities of being a trustee or a director of a corporate trustee to a superannuation fund.
- I agree to be bound by the provisions of the trust deed governing the Fund. I acknowledge that the expressions and meanings in this Application are identical to those used in the trust deed.
- I undertake to provide any relevant information or documentary evidence and agree to submit to health and medical tests as requested from time to time by the Trustee related to my membership of the Fund.
- I nominate the following Preferred Dependants (ie, spouse, children and/or a person who is financially dependent on me or in an interdependency relationship with me) should be paid any benefit that I have in the Fund on my death. I understand that the nomination of a Preferred Dependant below does not bind the Trustee and is overridden by any Binding Nomination in respect of my death benefit:

NAME	RELATIONSHIP	%OF BENEFIT
NACINI LICCIARDELLO	SISTER	100

- I will notify the Trustee as soon as I cease to be Gainfully Employed or reach age 65.
- I acknowledge that the Trustee can collect my tax file number (TFN) under the Standards.
- I understand that the Trustee will only use the TFN for legal purposes. This includes finding or identifying my superannuation benefits where other information is insufficient, and calculating tax on any eligible termination payment I may be entitled to.
- I understand that it is not an offence to omit my TFN from this application. But if I do omit to provide it now or later, I may pay more tax on my benefits than I would otherwise have to pay (but which may be later credited to a later assessment of tax) and I may lose benefits which are more difficult to find or to amalgamate with other benefits I am entitled to.
- I acknowledge that the Trustee may provide any TFN disclosed to the Trustee to the trustee of any other superannuation fund to which my benefits are transferred in the future or to the Australian Taxation Office. However, I understand that my TFN will not be passed on in the event I direct the Trustee in writing not to disclose my TFN and, in any event, my TFN will be treated as confidential in accordance with the *Privacy Act 1988 (Cth)*.
- I authorise the Trustee to retain and store information on my behalf despite any contrary provision in any privacy legislation
- I declare that the information I provide to the Trustee will be true and correct. I acknowledge that it is my responsibility to inform the trustee of any error or changes regarding these matters.

SIGNATURE	DATE
	23/11/09

Skane Superannuation Fund (“the Fund”)

Membership Application Form

To the Trustee of the Fund

I, **REX SKANE** of 106 Wallace Street, Bairnsdale, Victoria
TFN

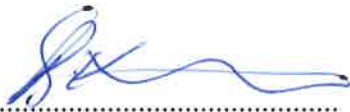
hereby apply to the Trustee to become a member of the Fund and agree, should I be accepted as a member by the Trustee, that I will be bound by the provisions of the trust deed establishing the Fund (“the Deed”) and any subsequent amendments and that I will make any and all full disclosures in writing of information required by the Trustee.

I acknowledge that as the Fund is a self managed superannuation fund, by applying to join the Fund I am also agreeing to being appointed as a director of the Trustee of the Fund.

I acknowledge that I am in possession of a Product Disclosure Statement for the Fund, which details the nature of the Fund and the rights, benefits and risks that attach to my membership of the Fund.

I declare that the information I will provide to the Trustee and the contents of this application are true and correct.

Dated this 3RD day of MAY 2007



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REX SKANE

Skane Superannuation Fund (“the Fund”)

Membership Application Form

To the Trustee of the Fund

I, **GLEND A SKANE** of 106 Wallace Street, Bairnsdale, Victoria
TFN

hereby apply to the Trustee to become a member of the Fund and agree, should I be accepted as a member by the Trustee, that I will be bound by the provisions of the trust deed establishing the Fund (“the Deed”) and any subsequent amendments and that I will make any and all full disclosures in writing of information required by the Trustee.

I acknowledge that as the Fund is a self managed superannuation fund, by applying to join the Fund I am also agreeing to being appointed as a director of the Trustee of the Fund.

I acknowledge that I am in possession of a Product Disclosure Statement for the Fund, which details the nature of the Fund and the rights, benefits and risks that attach to my membership of the Fund.

I declare that the information I will provide to the Trustee and the contents of this application are true and correct.

Dated this 3RD day of MAY 2007

Glenda Skane

GLEND A SKANE

Skane Superannuation Fund ("the Fund")

Consent to act as Director of Trustee

Pursuant to section 118 of the *Superannuation Industry (Supervision) Act 1993*

I, **REX SKANE** of 106 Wallace Street, Bairnsdale, Victoria, hereby consent to act as a director of **Faranda Forge Pty Limited ACN 078 243 188**, acting in its capacity as trustee ("the Trustee") of the Fund and pursuant to that appointment do hereby declare:

that I am not disqualified from acting as a director of a corporate trustee of a superannuation entity under the *Superannuation Industry (Supervision) Act 1993* ("the SIS Act"); and

that I will notify the Australian Taxation Office immediately if I should become a disqualified person.

Dated this 3RD day of MAY 2007



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REX SKANE

Note on disqualification:

The SIS Act provides that the following persons are disqualified from acting as the sole director of the corporate trustee of a superannuation entity:

1. Persons who have prior convictions involving dishonest conduct, wherever and whenever such conviction may have occurred.
2. Persons who are insolvent, bankrupt or having entered into arrangements, assignments or compositions with creditors under Part X of the *Bankruptcy Act 1956* (Cth) or a similar foreign law.
3. Persons in relation to whom a civil penalty order has been made under the SIS Act.

Skane Superannuation Fund ("the Fund")

Consent to act as Director of Trustee

Pursuant to section 118 of the *Superannuation Industry (Supervision) Act 1993*

I, **GLEND A SKANE** of 106 Wallace Street, Bairnsdale, Victoria, hereby consent to act as a director of **Faranda Forge Pty Limited ACN 078 243 188**, acting in its capacity as trustee ("the Trustee") of the Fund and pursuant to that appointment do hereby declare:

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that I will notify the Australian Taxation Office immediately if I should become a disqualified person.

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GLEND A SKANE

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2. Persons who are insolvent, bankrupt or having entered into arrangements, assignments or compositions with creditors under Part X of the *Bankruptcy Act 1956* (Cth) or a similar foreign law.
3. Persons in relation to whom a civil penalty order has been made under the SIS Act.

THE SECRETARY
FARANDA FORGE PTY LTD
106 WALLACE STREET
BAIRNSDALE VIC 3875

Dear Sir

CONSENT TO ACT

I hereby consent to act as Director of the company and provide the following information:

Full Name: Glenn Lynden Skane

Residential Address: 106 Wallace Street
Bairnsdale Vic 3875

Date of birth: 24/5/1974

Place of birth: Bairnsdale Victoria

Yours sincerely



Glenn Lynden Skane
18/6/08

THE SECRETARY
FARANDA FORGE PTY LTD
106 WALLACE STREET
BAIRNSDALE VIC 3875

Dear Sir

CONSENT TO ACT

I hereby consent to act as Director of the company and provide the following information:

Full Name: Naomi Wendy Licciardello

Residential Address: 22 Willow Crescent
WARRAGUL VIC 3820

Date of birth: 29/3/1972

Place of birth: Bairnsdale Victoria

Yours sincerely



Naomi Wendy Licciardello
18/6/08