

**SCHEDULE 1**

**GENERAL SCHEDULE**

Name of Trustee:

**Trevor Gerald Walker**  
**Karen Margaret Walker**

Name of Fund:

**Liquid Gold Superannuation Fund**

Law of this Fund:

**Victoria**

# Trustee Consent Form

## Liquid Gold Superannuation Fund

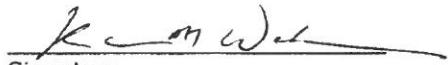
I/We : Karen Margaret Walker  
Trevor Gerald Walker

### HEREBY DECLARE THAT

- 1 (a) I have never been found guilty of a dishonest conduct offence in Australia or elsewhere.
  - (b) I am not an insolvent under administration under the Bankruptcy Act 1966;
  - (c) I am not disqualified from acting as trustee or as a responsible officer of a trustee company under the Superannuation Industry (Supervision) Act;
  - (d) I have not at any time been prohibited from managing a corporation under State or Federal order; and
  - (e) I have not at any time been convicted of an offence relating to the management of a corporation under the Corporations Act or convicted of an offence involving serious fraud.
- 
- 2 I consent to act as trustee of the Fund

7.7.2006

Date

  
Signature

  
Signature

## Application for Membership

### Liquid Gold Superannuation Fund

Member details	
Name:	Trevor Gerald Walker
Address:	4 Magazine Court, Mount Pleasant, VIC 3350
Date of Birth	27/09/1955

I hereby apply to become a member of Liquid Gold Superannuation Fund

I understand that my membership is subject to terms and conditions specified in the Trust Deed governing the Fund.

  
 \_\_\_\_\_  
 SIGNATURE

12/6/12  
 \_\_\_\_\_  
 DATED

Employer details (Optional)	
Employer:	
Address:	

#### Nomination of dependants (Optional)

Important information for completion	
1. This Nomination Notice is not binding. The Trustee/s will take it into account in the event that a benefit is paid from the Fund on your death. However, the Trustee/s have complete discretion as to which of your Dependants and/or Legal Personal Representative may receive the benefit and in what proportions. If there are no Dependants or Legal Personal Representative, the benefit may be payable to any other person.	
2. This Nomination Notice must be fully completed in accordance with the details below: Ensure both pages of this Notice are completed. The Beneficiaries named in this Notice must be Dependants and/or your Legal Personal Representative. Your Dependants are your spouse, de facto spouse and your children (including step, adopted and ex-nuptial children), and any other person financially dependent upon you at the time of your death. Your Legal Personal Representative is either the person named as your executor in your will, or, if you do not have a valid will at the date of your death, the person who, as your next of kin, applies for and has been granted letters of administration for your estate. Should you wish to nominate your legal personal representative, please write 'Legal Personal Representative' as the name of the Beneficiary. For each person nominated, you must provide both their relationships to you and the proportion of any benefit that is to be paid to each.	

Nomination of dependants (Optional)		
Name	Relationship to you	Proportion of benefit
<i>Karen Walker</i>	<i>Wife</i>	<i>33.33</i>
<i>Jacrod Walker</i>	<i>Son</i>	<i>33.33</i>
<i>Leah Walker</i>	<i>Daughter</i>	<i>33.33</i>

#### Member declaration

I, **Trevor Gerald Walker of 4 Magazine Court, Mount Pleasant, VIC 3350** as a member of the Fund, request the Trustee/s to pay my death benefit to the above persons in the proportions shown.

I understand that:  
 in the event of my death, the Trustee/s have complete discretion as to which of my dependants and/or estate will receive any death benefit payable.  
 this Notice revokes and amends any previous notice supplied to the Trustee/s of the Fund in regard to my nominated beneficiaries.

  
 \_\_\_\_\_  
 SIGNATURE

12/6/12  
 \_\_\_\_\_  
 DATED


## Application for Membership

### Liquid Gold Superannuation Fund

Member details	
Name:	Karen Margaret Walker
Address:	4 Magazine Court, Mount Pleasant, VIC 3350
Date of Birth	15/12/1955

I hereby apply to become a member of Liquid Gold Superannuation Fund

I understand that my membership is subject to terms and conditions specified in the Trust Deed governing the Fund.

  
SIGNATURE

\_\_\_\_\_  
DATED

Employer details (Optional)	
Employer:	TRAVELER
Address:	207 STURT ST BALGARAH VIC

#### Nomination of dependants (Optional)

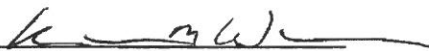
Important information for completion	
1.	This Nomination Notice is not binding. The Trustee/s will take it into account in the event that a benefit is paid from the Fund on your death. However, the Trustee/s have complete discretion as to which of your Dependants and/or Legal Personal Representative may receive the benefit and in what proportions. If there are no Dependants or Legal Personal Representative, the benefit may be payable to any other person.
2.	This Nomination Notice must be fully completed in accordance with the details below: Ensure both pages of this Notice are completed. The Beneficiaries named in this Notice must be Dependants and/or your Legal Personal Representative. Your Dependants are your spouse, de facto spouse and your children (including step, adopted and ex-nuptial children), and any other person financially dependent upon you at the time of your death. Your Legal Personal Representative is either the person named as your executor in your will, or, if you do not have a valid will at the date of your death, the person who, as your next of kin, applies for and has been granted letters of administration for your estate. Should you wish to nominate your legal personal representative, please write 'Legal Personal Representative' as the name of the Beneficiary. For each person nominated, you must provide both their relationships to you and the proportion of any benefit that is to be paid to each.

Nomination of dependants (Optional)		
Name	Relationship to you	Proportion of benefit
TRINA WALKER	HUSBAND	33.13
TESS WALKER	DAUGHTER	33.13
SHARON WALKER	SON	33.13

#### Member declaration

I, **Karen Margaret Walker of 4 Magazine Court, Mount Pleasant, VIC 3350** as a member of the Fund, request the Trustee/s to pay my death benefit to the above persons in the proportions shown.

I understand that:  
 in the event of my death, the Trustee/s have complete discretion as to which of my dependants and/or estate will receive any death benefit payable.  
 this Notice revokes and amends any previous notice supplied to the Trustee/s of the Fund in regard to my nominated beneficiaries.

  
SIGNATURE

22/6/12  
DATED



# Australian Business Register

Australian business number(ABN) : 33 001 126 698

Entity name : THE TRUSTEE FOR LIQUID GOLD  
SUPERANNUATION FUND

ABN Status : Registered

ABN Registration Date : 7 July 2006

Postal Address : 4 MAGAZINE COURT  
BALLARAT VIC 3350

Business Address : 4 MAGAZINE COURT  
BALLARAT VIC 3350

Email Address : wow@netconnect.com.au

Type of Entity : Regulated Self Managed Super Fund

Industry Code (ANZSIC) : 63300

*Please turn over ...*