

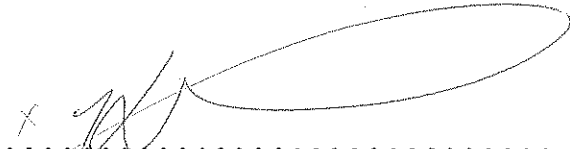
APPLICATION FOR MEMBERSHIP


of the BOLTE SUPERANNUATION FUND (the Fund)

Made by:

Name MAX BOLTE
Address Redland Bay Road, PINKLANDS
Date of Birth 22.2.44
Employed by ABBOTSFIELD PTY. LTD. (the Employer)


- A. I hereby apply for admission as a Member of the Fund and, if admitted as a Member, agree to be bound by the provisions of the Deed establishing the Fund.
- B. I understand that a copy of the Deed will be made available to me for perusal on demand at a reasonable time.
- C. I hereby acknowledge receipt of written notice of the existence of the rights which I will have to receive benefits under the Fund if admitted as a member.
- D. I agree to make the contributions, if any, required from me, and I authorise the Employer to deduct such contributions from my wages or salary as and when due to me.
- E. I declare that I am not * a member of any other superannuation arrangement and I hereby undertake to advise the Trustee should I subsequently join any other superannuation arrangement.

x 
Witness

x 
Signature
..... 15.12.80
Date

* If you are a member of any other superannuation arrangement delete the word "not" and attach a note stating details of other superannuation arrangements.

THIS PART TO BE COMPLETED BY THE TRUSTEE.

Application Approved x 
Date Membership commences ... 15.12.80
Membership category
(if applicable)

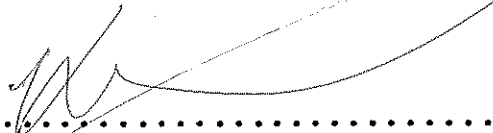
ICATION FOR MEMBERSHIP


of the BOLTE SUPERANNUATION FUND (the Fund)

Made by:

Name PAULINE ROSALIE BOLTE
Address Redland Bay Road, PINKLANDS
Date of Birth 20.10.44
Employed by ABBOTSFIELD PTY. LTD. (the Employer)


- A. I hereby apply for admission as a Member of the Fund and, if admitted as a Member, agree to be bound by the provisions of the Deed establishing the Fund.
- B. I understand that a copy of the Deed will be made available to me for perusal on demand at a reasonable time.
- C. I hereby acknowledge receipt of written notice of the existence of the rights which I will have to receive benefits under the Fund if admitted as a member.
- D. I agree to make the contributions, if any, required from me, and I authorise the Employer to deduct such contributions from my wages or salary as and when due to me.
- E. I declare that I am not * a member of any other superannuation arrangement and I hereby undertake to advise the Trustee should I subsequently join any other superannuation arrangement.

X 
Witness

X 
Signature
..... 15.12.80
Date

* If you are a member of any other superannuation arrangement delete the word "not" and attach a note stating details of other superannuation arrangements.

THIS PART TO BE COMPLETED BY THE TRUSTEE.

Application Approved 
Date Membership commences ... 15.12.80
Membership category
(if applicable)