

MINUTES OF A MEETING OF THE TRUSTEES  
OF THOMAS SUPERANNUATION FUND  
HELD AT SUITE 603, 83 YORK STREET SYDNEY NSW 2000  
ON 30 APRIL 1995

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PRESENT: Rodney J Thomas  
James F Thomas

APPOINTMENT  
OF TRUSTEE:

It was resolved that Supa-Invest Pty Limited ACN 068 887 285 be appointed as Trustee of the Fund from this date to replace Langli Holdings Pty Limited.

CLOSURE: There being no further business the meeting was declared closed.

Signed as a correct record



.....  
CHAIRMAN

STATEMENT BY TRUSTEE OR DIRECTOR, COMPANY SECRETARY OR  
EXECUTIVE OFFICER OF A TRUSTEE COMPANY

THOMAS SUPERANNUATION FUND

("the Fund")

I, Rodney James Thomas

(Full Name)

hereby consent to acting as trustee of the Fund or as a director,  
company secretary or an executive officer of the company acting as  
trustee of the Fund (delete that which is inapplicable).

I have never been found guilty of or convicted of a dishonest  
conduct offence either in Australia or elsewhere.

I am not bankrupt and I have not, in the preceding 3 years from  
the date of this statement, entered into a deed of assignment or  
arrangement or a composition with my creditors under Part X of the  
Bankruptcy Act. I am not, therefore, disqualified from acting as  
a trustee or as a responsible officer of a trustee company under  
the Superannuation Industry (Supervision) Act.

If a company is acting as the trustee of the Fund, a receiver, or  
a receiver and manager, or an official manager, or a deputy  
official manager, or a provisional liquidator has not been  
appointed in respect of the company acting as trustee nor has it  
begun to be wound up.

*RT*  
*R. Thomas*

Signature

*Am Thomas*

Witness

*26/3/95*

Date

APPENDIX "B"

APPLICATION FOR MEMBERSHIP

OF

THOMAS SUPERANNUATION FUND

("the Fund")

1. I, Rodney James Thomas of 6 Parker Street Northbridge NSW 2063 hereby apply for membership in Category A of the Fund which is administered in terms of the Trust Deed governing the Fund.
2. I have been advised in writing of the benefits which I will be entitled to receive from the Fund on joining the fund, in the event of my retirement, death or termination of employment with my Employer, the method of determining those benefits and any conditions relating to those benefits.
3. In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the Trust Deed governing the Fund.
4. 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 Fund.~~
5. I hereby consent to Supa-Invest Pty Limited ACN 068 887 285 acting as Trustee of the Fund.

6. **NOMINATION OF BENEFICIARIES**

Whilst I acknowledge the discretion the Trustee has, to determine who the benefit is paid to, I hereby nominate the following persons to receive the benefit payable by the Trustee of the Fund in the event of my death:

| PERSON                                      | RELATIONSHIP | PERCENTAGE |         |
|---|--------------|------------|---------|
| ANN THOMAS.                                 | wife         | 100%       | Please  |
| <i>If predeceased or simultaneous death</i> |              |            |         |
| Dania Thomas                                | SON          | 3rd        | Complex |
| Richard Thomas                              | SON          | 3rd        |         |
| Peter Thomas                                | SON          | 3rd        | Quint   |

7. I hereby authorise the Trustee, in the event of my termination of employment, to transfer any benefit payable by me but which cannot be paid to me on my termination of employment (a preserved benefit), to a fund nominated by me in writing to the Trustee at the time of my termination of employment, or, if I fail to make such a nomination within 60 days of the date of my termination of employment, to the.....*Leban*.....Fund.

If a fund nominated above is not, in the opinion of the Trustee available or appropriate for such a transfer to be made to it or if a fund is not nominated above, or if I fail to nominate a fund to which the transfer can be made within 60 days of my termination of employment, I understand that the effect of the Trust Deed is that the Trustee can, if my benefit is not able to paid to me within 90 days after I have become entitled to it, pay the benefit to an eligible rollover fund for my benefit. Until the Trustee decides otherwise, the eligible rollover fund to which any such payment would be made is.....*Leban*.....

.....  
 .....  
 and the address of which is.....*not complete*.....  
 .....

Date: 1 July 1995

Applicant's Signature:

*[Handwritten Signature]*

*RT*

*[Handwritten Mark]*

Witness:

*[Handwritten Signature]*