

APPLICATION FOR MEMBERSHIP

B & D Kleidon Superannuation Fund

I, **Brett Andrew Kleidon** of **22 Longview Street, ASHFIELD QLD 4670** am a trustee of the Fund. I hereby apply for membership of **B & D Kleidon Superannuation Fund** and consent to becoming a Member of it. I confirm that I am not aware of any impediments to this application and acknowledge that I have read the Product Disclosure Statement including any other information provided to me.

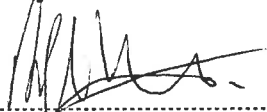
I agree that upon acceptance of my membership to:

1. be bound by the terms of the Deed and the Rules of the Fund;
2. be bound by all decisions of the Trustee that were made in accordance with the Rules of the Fund, the superannuation laws and the trustee laws;
3. provide information to the Trustee where required, e.g. medical conditions;
4. provide my Tax File Number to the Trustee provided the Trustee abides by the laws relating to the collection and dissemination of my Tax File Number;
5. consent to the Trustee to hold that information despite anything to the contrary in the privacy legislation;
6. provide the Trustee, within a reasonable period of time a detailed death benefit plan that may include a Binding Death Benefit Nomination;
7. ensure that any Superannuation contributions, transfers or rollovers are made in accordance with the superannuation laws at that time;
8. notify the Trustee where I have become disabled, retired, attained preservation age or met some other condition of release; and
9. notify the Trustee where I have become separated from my Spouse that is deemed irreconcilable, if I have one.

Date of Birth:

.....10/3/1961.....

Executed by:


.....

Brett Andrew Kleidon

.....3/5/2011.....

Date

APPLICATION FOR MEMBERSHIP

B & D Kleidon Superannuation Fund

I, **Dianne Elizabeth Kleidon** of **22 Longview Street, ASHFIELD QLD 4670** am a trustee of the Fund. I hereby apply for membership of **B & D Kleidon Superannuation Fund** and consent to becoming a Member of it. I confirm that I am not aware of any impediments to this application and acknowledge that I have read the Product Disclosure Statement including any other information provided to me.

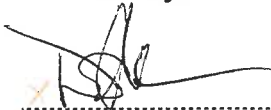
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5. consent to the Trustee to hold that information despite anything to the contrary in the privacy legislation;
6. provide the Trustee, within a reasonable period of time a detailed death benefit plan that may include a Binding Death Benefit Nomination;
7. ensure that any Superannuation contributions, transfers or rollovers are made in accordance with the superannuation laws at that time;
8. notify the Trustee where I have become disabled, retired, attained preservation age or met some other condition of release; and
9. notify the Trustee where I have become separated from my Spouse that is deemed irreconcilable, if I have one.

Date of Birth:

6 1 4 1 1 9 6 2

Executed by:



Dianne Elizabeth Kleidon

3 1 5 1 2 0 1 1

Date