

APPLICATION FOR MEMBERSHIP

OF

THE SEAWEED 2 SUPERANNUATION FUND

Full Name: Katherine Anne Ulyett

Address: 25 Carrick Cross  
Mandurah WA 6210

Date of Birth: 30/05/1971 Sex: Female

- I hereby apply to become a member of the abovementioned Fund.
- I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death, disablement or termination of service with my Employer.
- 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 and I declare that I am not entitled to a deferred annuity and I am not a member of any other superannuation fund or approved deposit fund nor have I received benefits from any such fund, *other than the following:-*

NOT APPLICABLE

(Full details to be provided to Trustee)

\*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 abovementioned Fund.

(\* Delete if not applicable)

My tax file number is 172199135 and I hereby authorise my Trustee(s) to use this tax file number for the purposes of administering the Fund and the payment of my benefits.

NOMINATION OF BENEFICIARIES

In the event of my death it is my wish that my benefits shall be paid to the following persons in the proportions stated below.

Name and Address	Relationship to Member	Proportion of benefit
DAVID GEOFFREY ULLYETT 25 CARRICK CROSS MANDURAH WA 6210	SPOUSE	100 %
.....	.....	..... %
.....	.....	..... %
.....	.....	..... %
.....	.....	..... %
.....	.....	..... %

Dated this 30<sup>th</sup> day of JANUARY, 2004.

Signature of Applicant: *[Signature]*  
 Witness 1: *[Signature]*  
 Witness 2: *[Signature]*

APPLICATION FOR MEMBERSHIP

OF

THE SEAWEED 2 SUPERANNUATION FUND

Full Name: David Geoffrey Ulyett

Address: 25 Carrick Cross  
Mandurah WA 6210

Date of Birth: 3/08/1956 Sex: Male

- I hereby apply to become a member of the abovementioned Fund.
- I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death, disablement or termination of service with my Employer.
- 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 and I declare that I am not entitled to a deferred annuity and I am not a member of any other superannuation fund or approved deposit fund nor have I received benefits from any such fund, other than the following:-

*MACQUARIE WRAP Super & Pension Manager*  
(Full details to be provided to Trustee)

\*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 abovementioned Fund.

(\* Delete if not applicable)

My tax file number is *567 333 323* and I hereby authorise my Trustee(s) to use this tax file number for the purposes of administering the Fund and the payment of my benefits.

NOMINATION OF BENEFICIARIES

In the event of my death it is my wish that my benefits shall be paid to the following persons in the proportions stated below.

Name and Address	Relationship to Member	Proportion of benefit
<i>KATHERINE ANNE ULYETT 25 CARRICK CROSS MANDURAH WA 6210</i>	<i>SPOUSE</i>	<i>100</i> %
.....	.....	..... %
.....	.....	..... %
.....	.....	..... %
.....	.....	..... %

Dated this *30th* day of *JANUARY* 2004.

Signature of Applicant

Witness 1

Witness 2