APPLICATION FOR MEMBERSHIP

10:	The Trustee, THE MD & SM M	MAY SUPERMANANCE	a Fado.		
I hereby	apply for admission to membership of the Fu	and.			
I agree a	and undertake as follows:				
(a)	I understand the terms and conditions of the Trust Deed and I acknowledge I have been informed of my rights and the rights of my Dependants pursuant to the Deed.				
(b)	I will be bound by the provisions of the Deed governing the Fund.				
(c)	I am not nor have been a member of any superannuation fund nor have an interest in any Approved Deposit Fund or Rollover Annuity other than as disclosed on the reverse of this Application.				
(d)	I will make a full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other superannuation fund, Approved Deposit Fund or Roll Over Annuity.				
(e)	I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Deed.				
(f)	I consent to the Trustee acting as Trustee of the Fund.				
(g)	In the event of my death, I nominate the following persons as my Nominated Dependants:- (Note - a nomination is not necessary and if made must be reviewed from time to time.)				
NAME	ADDRESS	RELATIONSHIP	PERCENTAGE OF TOTAL BENEFIT OR FIXED AMOUNT		
SHARNA LOT A NORTH	A MAREE M'KAY 3 PINJAMA ROAD 4MDERUP WA 6208	WIFE	100		
Dated the	(0714	day of JUNE	2007,		
Name:	MATTHEW DOUCLAS ME K				
Address:	61 23 PINJMA ROAD				
	NOTTH YUNDERUS WA	6308			
Signature:	MOM CKay				

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I consent to the Trustee acting as Trustee of the Fund.			
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ADDRESS	RELATIONSHIP	PERCENTAGE OF TOTAL BENEFIT OR FIXED AMOUNT	
EN DOUCLAS M ^C ICA-1 3 PINJARRA ROAD YUNDERUP WA 6208	itusbado	100	
	I understand the terms and conditions of rights and the rights of my Dependants put I will be bound by the provisions of the Deposit Fund or Rollover Annuity other the I will make a full disclosure in writing of receive from any other superannuation fund I will notify the Trustee if at any time I ceal I consent to the Trustee acting as Trustee of In the event of my death, I nominate the for (Note - a nomination is not necessary and in the superannuation is not necessary and in the superannuation is not necessary.	I understand the terms and conditions of the Trust Deed and I acknowled rights and the rights of my Dependants pursuant to the Deed. I will be bound by the provisions of the Deed governing the Fund. I am not nor have been a member of any superannuation fund nor have Deposit Fund or Rollover Annuity other than as disclosed on the reverse of I will make a full disclosure in writing of any benefits I have received, moreceive from any other superannuation fund, Approved Deposit Fund or Rollower I will notify the Trustee if at any time I cease to be Gainfully Employed as I consent to the Trustee acting as Trustee of the Fund. In the event of my death, I nominate the following persons as my Nominat (Note - a nomination is not necessary and if made must be reviewed from the ADDRESS RELATIONSHIP	