THE BRYCE SUPERANNUATION FUND

CONSENT OF TRUSTEE

Pursuant to Section 118 of the Superannuation Industry (Supervision) Act 1993

We, Anthony Keith Bryce and Karen Grace Bryce of 127 Woods Road, Sharon, via Bundaberg, Qld, 4670 HEREBY DECLARE that we are not *disqualified from acting as a trustee of a superannuation fund under the Superannuation Industry (Supervision) Act 1993.							
AND HEREBY CONSENT to act as Trustees of THE BRYCE SUPERANNUATION FUND constituted on the day of 20 05 between ourselves as Trustees and Anthony Keith Bryce and Karen Grace Bryce as Principal.							
AND WE AGREE to execute the Trust Deeds and to administer the Fund in accordance with the terms and conditions set out in the Trust Deed.							
WE UNDERTAKE to notify any other Trustee of the Fund and the Australian Taxation Office in writing if we are for any reason disqualified from continuing to act as a trustee.							
DATED the 2/st day of June 2005							
Anthony Keith Bryce Karen Grace Bryce							
* Note re: disqualification:							

The Superannuation Industry (Supervision) Act 1993 provides that the following persons are disqualified from acting as a trustee:

- Persons who have prior convictions involving dishonest conduct, wherever or whenever such 1. conviction may have occurred.
- 2. Persons who are insolvent, bankrupt, or have entered into arrangements, assignments or compositions with creditors under Part X of the Bankruptcy Act 1966 (Cth) or a similar foreign law.
- Persons in relation to whom a civil penalty order has been made under the Superannuation 3. Industry (Supervision) Act 1993.

THE BRYCE SUPERANNUATION FUND

APPLICATION FOR MEMBERSHIP

CONFIDENTIAL

THE TRUSTEE TO:

THE BRYCE SUPERANNUATION FUND

I, the undersigned person, being eligible hereby apply for admission to membership of the Fund. I agree and undertake as follows:

- I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to 1.
- I will upon request make full disclosure in writing of any information required by the Trustee 2. in respect of my membership of the Fund including my medical condition.
- I understand the terms and conditions of the Trust Deed and more particularly the terms and 3. conditions of Division B and Division C of the Deed concerning Benefits payable.
- I agree to the Trustee acting as Trustee of the Fund. 4.
- I have read and understand the prescribed information relating to the collection of tax file 5. numbers by the trustees of superannuation funds, and attach a completed ATO Individual Tax File Number Notification Form.

DATED the 2/50	day of JUNE	2005				
Name:	Anthony Keith Bryce	Signature:	ak By u			
Address:	127 Woods Road, Sharon, via Bundaberg, Qld, 4670					
Occupation:	Business Owner					

NOMINATED DEPENDANT(S)

Membership Class: A

(For the purposes of the definition of 'Nominated Dependant' in Clause 4 and Clause 32.1 of the trust deed for the Fund)

I nominate the undermentioned persons as my Nominated Dependants:

FULL NAME KORON GRACE BRYCE RELATIONSHIP WIF OF TOTAL BENEFIT

Legal Personal Representative

100%

Date of Birth: 10 - 1 - 45

THE BRYCE SUPERANNUATION FUND

APPLICATION FOR MEMBERSHIP

CONFIDENTIAL

TO: THE TRUSTEE

THE BRYCE SUPERANNUATION FUND

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- I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to 1.
- 2. I will upon request make full disclosure in writing of any information required by the Trustee in respect of my membership of the Fund including my medical condition.
- I understand the terms and conditions of the Trust Deed and more particularly the terms and 3. conditions of Division B and Division C of the Deed concerning Benefits payable.
- 4. I agree to the Trustee acting as Trustee of the Fund.
- 5. I have read and understand the prescribed information relating to the collection of tax file numbers by the trustees of superannuation funds, and attach a completed ATO Individual Tax File Number Notification Form.

DATED the

day of

Name:

Karen Grace Bryce

Signature:

Address:

127 Woods Road, Sharon, via Bundaberg, Qld, 4670

Occupation:

Business Owner

Membership Class:

Date of Birth: 24 - 3 - 48

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NOMINATED DEPENDANT(S)

(For the purposes of the definition of 'Nominated Dependant' in Clause 4 and Clause 32.1 of the trust deed for the Fund)

I nominate the undermentioned persons as my Nominated Dependants:

FULL NAME Legal Personal Representative		RELATIONSHIP	% OF TOTAL BENEFIT		
			100%		
ANTHONY	KEITH	BRYCE	HUSBAND	100 %.	