

**APPLICATION FOR MEMBERSHIP  
CONFIDENTIAL**

TO: THE TRUSTEE, LAUGHLIN SUPER FUND

I, ALAN JAMES LAUGHLIN, apply for membership of the Fund.

- (a) I will be bound by the Trust Deed governing the Fund as varied from time to time.
- (b) I will notify the Trustee if at any time I am not, or I cease to be, Gainfully Employed as defined in the Trust Deed.
- (c) I consent to the Trustee acting as Trustee of the Fund.
- (d) I declare that the information in this Application is accurate in every respect.

**APPLICATION DETAILS**

Name: ALAN JAMES LAUGHLIN

Address: 47 Miller Street, Bargara Qld 4670

Occupation:

Date of Birth: 14/02/1964

Membership Class: A

Tax File Number: 383 099 764

NOTE: Your Tax File Number ("TFN") is confidential. Before you provide it, you must be told:

- 1. Your TFN can be collected under the Superannuation Industry (Supervision) Act 1993.
- 2. If you provide your TFN, it will only be used for legal purposes, which currently include:
  - finding or identifying your superannuation benefits;
  - calculating tax on eligible termination payments; and
  - providing information to the Commissioner of Taxation.

These purposes may change in the future as a result of legislative change.

- 3. It is not an offence not to provide your TFN. If you do not:
  - you may pay unnecessary tax on your benefits, which you will need to reclaim later through the income tax assessment process; and
  - it may be more difficult to find unclaimed benefits that you have, or to locate and amalgamate other benefits you have.

The consequences of not providing your TFN may change in the future as a result of legislative change.

- 4. If you provide your TFN, the trustee may provide it to:
  - the trustee of another superannuation fund when you transfer your benefits to it, unless you instruct the trustee not to; and
  - the Commissioner of Taxation,but otherwise it will be treated as confidential.

**NOMINATED DEPENDANT(S)**

I nominate the following persons as my Nominated Dependants:

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
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DATED 15/06 2005 .  
DMH10010162 929120v1

Signature 

**APPLICATION FOR MEMBERSHIP  
CONFIDENTIAL**

TO: THE TRUSTEE, LAUGHLIN SUPER FUND

I, DIANE LESLEY LAUGHLIN, apply for membership of the Fund.

- (a) I will be bound by the Trust Deed governing the Fund as varied from time to time.
- (b) I will notify the Trustee if at any time I am not, or I cease to be, Gainfully Employed as defined in the Trust Deed.
- (c) I consent to the Trustee acting as Trustee of the Fund.
- (d) I declare that the information in this Application is accurate in every respect.

**APPLICATION DETAILS**

Name: DIANE LESLEY LAUGHLIN

Address: 47 Miller Street, Bargara Qld 4670

Occupation:

Date of Birth: 11/05/1968

Membership Class: A

Tax File Number: 373 343 503

NOTE: Your Tax File Number ("TFN") is confidential. Before you provide it, you must be told:

- 1. Your TFN can be collected under the Superannuation Industry (Supervision) Act 1993.
- 2. If you provide your TFN, it will only be used for legal purposes, which currently include:
  - finding or identifying your superannuation benefits;
  - calculating tax on eligible termination payments; and
  - providing information to the Commissioner of Taxation.

These purposes may change in the future as a result of legislative change.

- 3. It is not an offence not to provide your TFN. If you do not:
  - you may pay unnecessary tax on your benefits, which you will need to reclaim later through the income tax assessment process; and
  - it may be more difficult to find unclaimed benefits that you have, or to locate and amalgamate other benefits you have.

The consequences of not providing your TFN may change in the future as a result of legislative change.

- 4. If you provide your TFN, the trustee may provide it to:
  - the trustee of another superannuation fund when you transfer your benefits to it, unless you instruct the trustee not to; and
  - the Commissioner of Taxation,but otherwise it will be treated as confidential.

**NOMINATED DEPENDANT(S)**

I nominate the following persons as my Nominated Dependants:

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
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DATED 15/06 2005  
DMH10010162 929120v1

Signature DLL Laughlin

## RESOLUTION OF TRUSTEE

We **CONSENT** to act as Trustees of LAUGHLIN SUPER FUND.

We are aware that it is intended that the Fund will become a regulated Superannuation Fund pursuant to the Superannuation Industry (Supervision) Act and we consent to our appointment continuing after the Fund has become regulated.

We resolve to:

- execute the Superannuation Fund Trust Deeds.
- complete and execute the Application to Register for The New Tax System Superannuation Entities and lodge it with the ATO immediately.
- provide a Product Disclosure Statement to the persons who have applied to become members.
- admit the following persons to membership of the Fund:

MEMBERS NAME	ADDRESS	CLASS
Alan James Laughlin	47 Miller Street, Bargara Qld 4670	A
Diane Lesley Laughlin	47 Miller Street, Bargara Qld 4670	A

- take steps to determine its formal Investment Objectives for the Fund and the Strategy required to implement those Objectives.

DATED the 15<sup>th</sup> 06 2005

x AJL  
.....  
ALAN JAMES LAUGHLIN

x DLL  
.....  
DIANE LESLEY LAUGHLIN

**CONSENT TO ACT  
AND  
DECLARATION AS TO STATUS**

*[Superannuation Industry (Supervision) Act 1993]*

To: The Trustee  
Laughlin Super Fund

From: Diane Lesley Laughlin

1. I consent to my appointment as trustee.
2. I am not a disqualified person as set out in the *Superannuation Industry (Supervision) Act 1993* as:
  - (a) I have not at any time:-
    - been convicted of any offence relating to dishonest conduct; or
    - had a civil penalty order under that Act made against me;
  - (b) I am not an undischarged bankrupt;
  - (c) my property is not subject to control in a bankruptcy context by any person; or
  - (d) during the last three years I have not entered into any assignment, arrangement or composition with my creditors under any law of any State or and country; and
3. I am not aware that any of my fellow trustees, directors, or any secretary or executive officer of the trustee company of Laughlin Super Fund is a disqualified person having regard to the criteria set out in paragraph 2 above.

xDLL   
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**Diane Lesley Laughlin**

Dated: x 15/6/05.

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**CONSENT TO ACT  
AND  
DECLARATION AS TO STATUS**

*[Superannuation Industry (Supervision) Act 1993]*

To: The Trustee  
Laughlin Super Fund

From: Alan James Laughlin

1. I consent to my appointment as trustee.
2. I am not a disqualified person as set out in the *Superannuation Industry (Supervision) Act 1993* as:
  - (a) I have not at any time:-
    - been convicted of any offence relating to dishonest conduct; or
    - had a civil penalty order under that Act made against me;
  - (b) I am not an undischarged bankrupt;
  - (c) my property is not subject to control in a bankruptcy context by any person; or
  - (d) during the last three years I have not entered into any assignment, arrangement or composition with my creditors under any law of any State or and country; and
3. I am not aware that any of my fellow trustees, directors, or any secretary or executive officer of the trustee company of Laughlin Super Fund is a disqualified person having regard to the criteria set out in paragraph 2 above.

x AJL

Alan James Laughlin

Dated: y

15/06/2005

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