

APPENDIX "A"

APPLICATION FOR MEMBERSHIP
(EMPLOYER SPONSORED MEMBER)
OF
KARIBA SUPERANNUATION FUND

("the Fund")

1. I, GIULIA DE BROEKERT
of 10 CARRICK STREET, WOODLANDS, WA 6018
Tax File Number
apply for membership of the Fund which is administered in terms of the Trust Deed governing the Fund.
2. I have been advised in writing of the benefits which I will be entitled to receive from the Fund on joining the Fund, the timing of those benefits, the method of determining those benefits and any conditions relating to those benefits.
3. I acknowledge that I have received a Product Disclosure Statement in relation to the Fund.
4. In consideration of my admission to membership, I agree to abide by and be bound by the provisions of the Trust Deed governing the Fund.
5. I authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself, the Trustee and my Employer as contributions to be made by me to the Fund.
6. I agree to **De Broekert Nominees Pty Ltd** ACN 159 758 040 acting as Trustee of the Fund.

7. **NOMINATION OF BENEFICIARIES**

- (a) I nominate the following person(s) to receive the benefit payable by the Trustee in the event of my death:

PERSON	RELATIONSHIP	FORM	PERCENTAGE
<u>PETER DE BROEKERT</u>	<u>SPOUSE</u>		<u>% 100 %</u>
			<u>%</u>
			<u>%</u>

- (b) I do/do not wish this nomination to be binding on the Trustee.

Dated this 13th day of September 2012

Signature of Member Giulia de Broekert

We, the undersigned witness declare that the above member signed above in our presence on the above date and that we signed below in the presence of the above member and each other.

First Witness f. de Boekert Second Witness [Signature]

Full Name: Susanna de Broekert Full Name:

Occupation: Student Occupation:

Address: 10 Carrick st, Woodlands Address:
Perth WA 6018

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APPLICATION FOR MEMBERSHIP
(EMPLOYER SPONSORED MEMBER)
OF
KARIBA SUPERANNUATION FUND

("the Fund")

1. I, Peter Percy de Broekert
of 10 Carrick St, Woodlands, WA 6018
Tax File Number
apply for membership of the Fund which is administered in terms of the Trust Deed governing the Fund.
2. I have been advised in writing of the benefits which I will be entitled to receive from the Fund on joining the Fund, the timing of those benefits, the method of determining those benefits and any conditions relating to those benefits.
3. I acknowledge that I have received a Product Disclosure Statement in relation to the Fund.
4. In consideration of my admission to membership, I agree to abide by and be bound by the provisions of the Trust Deed governing the Fund.
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6. I agree to **De Broekert Nominees Pty Ltd** ACN 159 758 040 acting as Trustee of the Fund.

7. **NOMINATION OF BENEFICIARIES**

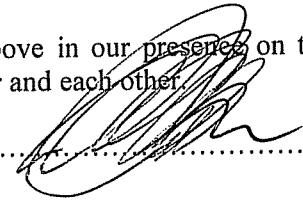
- (a) I nominate the following person(s) to receive the benefit payable by the Trustee in the event of my death:

PERSON	RELATIONSHIP	FORM	PERCENTAGE
<u>Giulia de Broekert</u>	<u>spouse</u>		<u>100</u> % % %

- (b) I do/do not wish this nomination to be binding on the Trustee.

Dated this 13th day of September 2012
Signature of Member P. de Broekert

We, the undersigned witness declare that the above member signed above in our presence on the above date and that we signed below in the presence of the above member and each other.

First Witness f. de Broekert Second Witness 
Full Name: Susanna de Broekert Full Name:
Occupation: Student Occupation:
Address: 10 Carrick st, Woodlands Address:
Perth WA. 6018