

CONFIDENTIAL

I state that I am eligible to be admitted as a member of the Fund and to be appointed a Trustee or a director of a corporate Trustee if the Fund is a self managed superannuation fund. I agree:

1. To be bound by the Trust Deed governing the Fund as it is or may be varied from time to time (and state I understand the terms and conditions of the Trust Deed, including the benefits payable, my rights and the rights of my Dependants).
2. To the Trustee acting as Trustee of the Fund.
3. If the Fund is a self managed fund to be appointed a Trustee or a director of the corporate Trustee.
4. To give the Trustee my details (including any Tax File Number), or for the Trustee to obtain them from my Employer.
5. To advise the Trustee of any preserved benefits or other relevant information regarding my superannuation contributions and benefits.
6. To give any other information the Trustee may require for the purposes of the Fund.

Signature: G. C. Ross
GERALDINE CHARMAINE ROSS

Date of birth: 22 / 6 / 1956

I nominate the following persons as my Nominated Dependants to receive any Benefits payable on my death, and I acknowledge this is not a binding nomination:

NAME	RELATIONSHIP	% OF TOTAL BENEFIT
GRAIG ROSS	HUSBAND	100