

**APPLICATION FOR MEMBERSHIP
ROSS SUPERANNUATION FUND**

CONFIDENTIAL

I, **GERALDINE CHARMAINE ROSS** of 552 FORD ROAD, BURBANK QLD 4156 apply for admission to membership of the Fund.

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.

Dated: 29/11/2009

Signature: *G. C. Ross*
GERALDINE CHARMAINE ROSS

Occupation: CLERK

Date of birth: 22/6/1956

NON-BINDING NOMINATION OF DEPENDANT(S)

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
<u>GRAIG ROSS</u>	<u>HUSBAND</u>	<u>100</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____