

**SCHEDULE 1**

**APPLICATION FOR MEMBERSHIP**

**THE B & H D WHITE SUPERANNUATION FUND**

**CONFIDENTIAL**

I HEATHER WHITE (name) 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 as a Trustee or a director of the 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: 20/4/2009  
Signature: X *Heather White*  
Occupation: X *Retired*  
Date of birth: 21/8/1948

**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(eg My Estate or name):

NAME	RELATIONSHIP	% OF TOTAL BENEFIT
<u>TRACY OVERSHOZEN</u>	<u>DAUGHTER</u>	<u>50%</u>
<u>DARIN WHITE</u>	<u>SON</u>	<u>50%</u>
_____	_____	_____
_____	_____	_____



**SCHEDULE 1**

**APPLICATION FOR MEMBERSHIP**

**THE B & H D WHITE SUPERANNUATION FUND**

**CONFIDENTIAL**

I BELAN WHITE (name) 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 as a Trustee or a director of the 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: 20/4/2009  
Signature: [Signature]  
Occupation: RETIRED  
Date of birth: 22, 6, 1948

**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(eg My Estate or name):

NAME	RELATIONSHIP	% OF TOTAL BENEFIT
<u>TRACEY OUKRSLIBEN</u>	<u>FATHER</u>	<u>50%</u>
<u>DARRYL WHITE</u>	<u>SON</u>	<u>50%</u>
_____	_____	_____
_____	_____	_____

