

CONSENT TO ACT AS TRUSTEE
OF
JL & K BOUCHER SUPERANNUATION FUND

I, **JOHN LESLIE BOUCHER**

of 37 WARREN ROAD, NANNUP in the State of Western Australia
HEREBY:

1. DECLARE that I am not disqualified under Section 120 of the Superannuation Industry Supervision Act 1993 ("SIS") from acting as a trustee of a superannuation fund
2. CONSENT to act as Trustee of the above-named Superannuation Fund constituted on the *TWENTIETH* day of *JUNE*, 199*7*.
3. AGREE to execute the Trust Deed and to administer the Plan in accordance with the terms and conditions set out in the Trust Deed.
4. UNDERTAKE to notify the other Trustee of the Fund and the Insurance and Superannuation Commission in writing if either of the Trustee is for any reason disqualified from continuing to act as Trustee.

DATED

SIGNED by the said
JOHN LESLIE BOUCHER
in the presence of:

)
)
) 

Witness
Signature: *Nadine*
Name: *Nadine Lee Wright*
Address: *9 Young Street*
Suburb: *Manjimup WA 6258*
Occupation: *Secretary*

Note re Disqualification

The Superannuation Industry and (Supervision) Act 1993 provides the following persons are disqualified from acting as trustee:

1. Persons who have prior convictions involving dishonest conduct, wherever or whenever such conviction may have occurred.
2. Persons who are insolvent, bankrupt or have entered into arrangements, assignments or compositions with creditors under Part X of the Bankruptcy Act 1966 (Cth) or a similar foreign law.
3. Persons in respect of whom a civil penalty order has been made under the Superannuation Industry (Supervision) Act 1993.

APPLICATION BY MEMBER

TO: The Trustee of the **JL & K BOUCHER SUPERANNUATION FUND**

Name of Member: JOHN LESLIE BOUCHER

Address: 37 WARREN ROAD
NANNUP WA

Date of Birth: SEPTEMBER 19TH 1946

I apply to become a Category [C] Member of the **JL & K BOUCHER SUPERANNUATION FUND** (the "Plan") and agree to be bound by the Deed and Rules governing the Plan.

I approve of **JOHN LESLIE BOUCHER** and **KATHLEEN BOUCHER** as the Trustees of the Plan.

I am not and have not been a member of any other superannuation arrangement nor do I have an interest in any Approved Deposit Plan or Roll-over Annuity other than as disclosed on the back of this Application.

In the event of my death before retirement I nominate the following person(s) to be my Designated Beneficiaries and to receive the benefit payable in respect of me in the proportions indicated:

Name	Address	Percentage of Benefit or Fixed Amount
KATHLEEN BOUCHER	37 WARREN ROAD NANNUP WA	100%

If the Designated Beneficiary should predecease the Member or fail to survive the Member by Twenty-eight (28) days then the children or the survivor of them of **JOHN LESLIE BOUCHER** and **KATHLEEN BOUCHER** and if more than one in equal shares as tenants in common.

DATE:

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Member