## SCHEDULE B APPLICATION FOR MEMBERSHIP CONFIDENTIAL

To: The Trustee

	ELIZABETH	COOKE	SUPERM	NUARON F	und.		
	31 LEURA						
	NEDUANDS	WA ba	09				
Re:	Membership						
				2			
I, the undersigned person, being eligible hereby apply for admission to membership of the Fund.							
I agree and undertake as follows:							
(1)	from time to ti	ound by the Trust Deed governing the Fund as it is or may be by variation to time.					
(2)	receive from Annuity.	will make a full disclosure in writing of any benefits I may receive or be entitled to eceive from any other Superannuation Fund, Approved Deposit Fund or Roll over annuity.					
(3)	I understand the terms and conditions of the Trust Deed and more particularly the terms and conditions of the Deed concerning benefits payable and I acknowledge I have been informed of my rights and the rights of my Dependants pursuant to the Deed.						
(4)	I consent to the Trustee acting as Trustee of the Fund.						
I declare that the rights held by me and the amounts received by me from any superannuation fund, pension fund, Approved Deposit Fund or Annuity are set out in the Attachment.							
Dated	the 33 day of	JUNE .	2006.	G.	1 ,	E	4
Signati	ure	;		16M (C	noke		
Name,	Occupation	EUZABETH MINNA COOKE					
Addres	SS	. 31 LEURA STREET NEDLANDS WA 6009.					
Date of	f Birth	16-3-1941					
Tax Fil	e No	. 699	6u 106	7			
NOMINATED DEPENDANT(S)							
I nominate the undermentioned persons as my Nominated Dependants:							
		2				% OF TOTAL	
SURNA	AME(S)	GIVEN NA	VIE(S)	RELATIONSHIP		BENEFIT	
(00)	CE RO	BERT CAN	NPBELL	itssur		100	
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## SCHEDULE B APPLICATION FOR MEMBERSHIP CONFIDENTIAL

То:	ELIZABETH 31 LEUZA	COOKE SUBMINUATION FUND.						
		WA 6009						
Re:	Membership	•						
I, the undersigned person, being eligible hereby apply for admission to membership of the Fund.								
I agree and undertake as follows:								
(1)	I will be bound by the Trust Deed governing the Fund as it is or may be by variation from time to time.							
(2)	I will make a full disclosure in writing of any benefits I may receive or be entitled to receive from any other Superannuation Fund, Approved Deposit Fund or Roll over Annuity.							
(3)	I understand the terms and conditions of the Trust Deed and more particularly the terms and conditions of the Deed concerning benefits payable and I acknowledge I have been informed of my rights and the rights of my Dependants pursuant to the Deed.							
(4)	(4) I consent to the Trustee acting as Trustee of the Fund.							
I declare that the rights held by me and the amounts received by me from any superannuation fund, pension fund, Approved Deposit Fund or Annuity are set out in the Attachment.								
Dated the 33 day of June 3006 Allow								
Signati	ure	: Jackobel						
Name, Occupation		· PORENT CAMPBELL COOKE						
Address		. 31 LEURA STREET NEDUADS WA 6009.						
Date of Birth		- 32-3-1933						
Tax File No		USP CFF (60)						
NOMINATED DEPENDANT(S)								
I nominate the undermentioned persons as my Nominated Dependants:								
		% OF TOTAL						
SURN	AME(S)	GIVEN NAME(S) RELATIONSHIP BENEFIT						
COOKE EUZABETH MINNA WIFE 100								