

Application for Membership

To the Trustees of the:

The RJF

Superannuation Fund

I,

Title Mr

First Names Raymond John

Surname Feuerriggel

hereby apply to the Trustee of the above named Superannuation Fund ("the Fund") to become a Member of the Fund.

Male

Female

Date of Birth

01 / 11 / 1948

Tax File No.

478 409 518

Address for Correspondence

PO Box 1514

CAIRNS QLD

Postcode 4870

Home Address (if different from above)

13 Temora Close

EDGEHILL QLD

Postcode 4870

Telephone

Work (07) 4032 1326

Fax (07) 4032 1326

Home (07) 4053 5050

Mobile 0402 329 803

Email rjfpintail@aol.com

Occupation and Employer details

Sole Trader & Company Director

Do you wish to roll-over a superannuation benefit to this Fund?

Yes

No

Would you like Supa-Funds Management to assist with your roll-over?
If so, please supply a copy of your latest Member Benefit Statement.

Yes

No

Have you received any benefit payment from a Superannuation Fund, Approved Deposit Fund or Deferred Annuity on or after 16 February 1990?

Yes

No

Is an employer currently making contributions on your behalf to another Superannuation Fund?

Yes

No

Do you have a Transitional Retirement Benefit Limit Notice (if Yes provide copy)

Yes

No

Nominated Dependant (Rules 6.4)

I understand that under the terms of the Trust Deed I may by notice in writing nominate that my death benefit is to be payable to any Dependants or to my legal personal representative in proportions specified by me I understand that:

- my nomination is binding on the Trustee where:
 - I nominate a person who on my death qualifies as a "Dependant", or I nominate my legal personal representative and on my death there is an executor of my will or letters of administration of my estate are taken out; and
 - my nomination is witnessed by 2 adults neither of whom may benefit from my nomination;
- the Trustee will have a discretion as to whom my benefit is to be paid if;
 - I nominate a person who is not my Dependant or I nominate my legal personal representative, and on my death my estate does not have a legal personal representative; or
 - my nomination is not witnessed by 2 adults neither of whom may benefit from my nomination.

Name and Address of Nominated Person	Relationship to Applicant	Proportion of Benefit
NANCY JOANNE FEUERLEGEL	SPOUSE	100%
Legal Personal Representative	N/A	

Signed by the Applicant: [Signature] Date: 3/5/06

Witnesses: The witnesses declare that this nomination was signed by the applicant in their presence:

Signature: [Signature] JP (one) Signature: [Signature]
 Full Name: Wesley Hobbs Full Name: Jasmin Brown
 Dated: 3-04-2006 Dated: 03/05/2006

It is important that you regularly review your nomination and provide an updated nomination to the Trustee whenever your circumstances change. The Trustee will be obliged to pay in accordance with your nomination if you make a nomination in the prescribed form, and have nominated a person who is eligible. The Trustee cannot implement your nomination if you have nominated a person who is not eligible. It is therefore important that you ensure:

- your nomination at all times reflects your wishes;
- your nomination at all times nominates an eligible person (see your Member Entry Statement for an explanation of who is an eligible person).

You are not required to complete a nomination or to have your nomination witnessed, and if you do not do so the Trustee will on your death have a discretion as to which of your Dependants, or your legal personal representative, the benefit is paid to.

Application for Membership

I apply to become a member of the fund.
 I agree to:

- Observe and be bound by the provisions of the trust deed of the fund as amended from time to time
- Provide to the Trustee any information in relation to my membership of the fund as and when the Trustee requests

Member Signature: [Signature] Date: 3 / 5 / 06

Date Member joined Employer: / / Date Member to join Fund: / /

Application for Membership

To the Trustees of the:

The RJF Superannuation Fund

I,

Title Mrs First Names Nancy Joanne Surname Feuerriegel

hereby apply to the Trustee of the above named Superannuation Fund ("the Fund") to become a Member of the Fund.

Male Female Date of Birth 10 / 12 / 1952 Tax File No 547 041 473

Address for Correspondence

PO Box 1514
CAIRNS QLD Postcode 4870

Home Address (if different from above)

13 Temora Close
EDGEHILL QLD Postcode 4870

Telephone

Work (07) 4032 1326 Fax (07) 4032 1326 Home (07) 4053 5050
Mobile 0402 329 803 Email rjfpintail@aol.com

Occupation and Employer details

Teacher

Do you wish to roll-over a superannuation benefit to this Fund? Yes No

Would you like Supa-Funds Management to assist with your roll-over?
If so, please supply a copy of your latest Member Benefit Statement. Yes No

Have you received any benefit payment from a Superannuation Fund, Approved Deposit Fund or Deferred Annuity on or after 16 February 1990? Yes No

Is an employer currently making contributions on your behalf to another Superannuation Fund? Yes No

Do you have a Transitional Retirement Benefit Limit Notice (if Yes provide copy) Yes No

Nominated Dependant (Rules 6.4)

I understand that under the terms of the Trust Deed I may by notice in writing nominate that my death benefit is to be payable to any Dependants or to my legal personal representative in proportions specified by me I understand that:

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 - my nomination is witnessed by 2 adults neither of whom may benefit from my nomination;
- the Trustee will have a discretion as to whom my benefit is to be paid if;
 - I nominate a person who is not my Dependant or I nominate my legal personal representative, and on my death my estate does not have a legal personal representative; or
 - my nomination is not witnessed by 2 adults neither of whom may benefit from my nomination.

Name and Address of Nominated Person	Relationship to Applicant	Proportion of Benefit
RAYMOND JOHN FEUERHAIGGOL	SPOUSE	100%
Legal Personal Representative	N/A	

Signed by the Applicant: N.J. Feuerhaiggol Date: 3-5-06

Witnesses: The witnesses declare that this nomination was signed by the applicant in their presence:

Signature: [Signature] JP (over) Signature: [Signature]
 Full Name: Wenon Hobbs Full Name: JASMIN BROWN
 Dated: 3-5-2006 Dated: 03/05/2006

It is important that you regularly review your nomination and provide an updated nomination to the Trustee whenever your circumstances change. The Trustee will be obliged to pay in accordance with your nomination if you make a nomination in the prescribed form, and have nominated a person who is eligible. The Trustee cannot implement your nomination if you have nominated a person who is not eligible. It is therefore important that you ensure:

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- your nomination at all times nominates an eligible person (see your Member Entry Statement for an explanation of who is an eligible person).

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- Provide to the Trustee any information in relation to my membership of the fund as and when the Trustee requests

Member Signature: N.J. Feuerhaiggol Date: 3 15 106

Date Member joined Employer: / / Date Member to join Fund: / /