

APPLICATION FOR MEMBERSHIP

OF

THE RUSS RETIREMENT FUND

Full Name: MICHAEL WARRICK RUSS

Address: 5 RIDGETOP PLACE  
COROMANDEL VALLEY

Date of Birth: 15-1-55 Sex: MALE

I hereby apply to become a member of the abovementioned Fund.

I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death or termination of service with my Employer.

In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the abovementioned Trust Deed and I declare that I am not entitled to a deferred annuity and I am not a member of any other superannuation fund or approved deposit fund nor have I received benefits from any such fund, other than the following:-

\*I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.

My Tax File Number is: 565 906 497  
and I hereby authorise the trustees to use this tax file number.

**NOMINATION OF BENEFICIARIES**

Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I hereby nominate the following persons to receive the benefit payable by the Trustees of the fund in the event of my death:

Name and Address	Relationship to member	Proportion of benefit
<u>CAROL ALINE RUSS</u> <u>5 RIDGETOP PLACE</u> <u>COROMANDEL VALLEY S.A.</u> <u>5051</u>	<u>WIFE</u>	<u>TOTAL</u> <u>100</u> %
		<u>5051</u> %

Dated this 3<sup>RD</sup> day of NOVEMBER 19 2003

Signature of Applicant: MR Michael W Russ

Witness: [Signature]

\* Delete this clause if applicable

**APPLICATION FOR MEMBERSHIP**

OF

THE RUSS RETIREMENT FUND

Full Name: CAROL ALINE RUSS

Address: 5 RIDGETOP PLACE  
COROMANDEL VALLEY SA 5051

Date of Birth: 16-3-58 Sex: FEMALE

I hereby apply to become a member of the abovementioned Fund.

I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death or termination of service with my Employer.

In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the abovementioned Trust Deed and I declare that I am not entitled to a deferred annuity and I am not a member of any other superannuation fund or approved deposit fund nor have I received benefits from any such fund, other than the following:-

\*I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund.

My Tax File Number is: 562 846 884  
and I hereby authorise the trustees to use this tax file number.

**NOMINATION OF BENEFICIARIES**

Whilst I acknowledge the discretion the Trustees have to determine who the benefit is paid to, I hereby nominate the following persons to receive the benefit payable by the Trustees of the fund in the event of my death:

Name and Address	Relationship to member	Proportion of benefit
<u>MICHAEL WARRICK RUSS</u> <u>5 RIDGETOP PLACE,</u> <u>COROMANDEL VALLEY SA</u> <u>5051</u>	<u>HUSBAND</u>	<u>TOTAL</u> <u>100 %</u>
		<u>%</u>

Dated this 3RD day of NOVEMBER 19 2003

Signature of Applicant: <sup>CR</sup>  Carol Russ

Witness:  Michael

\* Delete this clause if applicable