Application for Membership to the

J & D Lazarou Superannuation Fund

In accordance with Rule 3.2(a) of the Trust Deed, I, **Jim Lazarou**, accept my offer of Membership and apply to the Trustee of the above named Superannuation fund ("the Fund") to become a Member of the Fund.

Address for Correspondence			
Lot 1 Killara Road			
COWRA NSW 2795			
Home Address (If different from above)			
As Above			
Telephone	Facsimile		
(02) 6342 4470			
Personal Tax File Number: 62517689 262409 646			

You are not required to provide your tax file number. Declining to quote your tax file number is not an offence. However, if you do not give your superannuation fund your tax file number, either now or later:

- You may pay more tax on your superannuation benefits than you have to (you will get this back at the end of the financial year in your income tax assessment); and
- It may be more difficult to find your superannuation benefit if you change address without notifying your fund or to amalgamate any multiple superannuation accounts.

I understand that under the terms of the Trust Deed, my benefit in the event of my death shall be paid to any one or more of my dependants or, if in the opinion of the Trustee there are no such Dependants, then my personal legal representative. I would like the Trustee to know that if it were my decision, I would prefer to distribute my benefit to the following persons in the proportions indicated.

Person's full name Address Relationship %

Doboral Suluk LARROW

Lot 1 Killerer Rd Wife 100%

Declaration

Date of Birth: 05/02/1959

- I accept the Trustee of the Fund will protect my interests in the Fund in accordance with the terms of the Trust Deed;
- I agree to be bound by the Trust Deed (as amended from time to time);
- I accept there are no guarantees to the amount of benefit to which I shall be entitled;
- I declare that I am eligible to become a member of the Fund;
- I hereby declare that the contents of this Application are true and accurate.

Members Signature: Date: 12/12 107

Application for Membership to the

J & d Lazarou Superannuation Fund

In accordance with Rule 3.2(a) of the Trust Deed, I, **Deborah Lazarou**, accept my offer of Membership and apply to the Trustee of the above named Superannuation fund ("the Fund") to become a Member of the Fund.

Address for Correspondence		
Lot 1 Killara Road		
COWRA NSW 2794		
Home Address (If different from above)		
As Above		
Telephone	Facsimile	
(02) 6342 4470		

Personal Tax File Number:

Date of Birth: 29/08/1962

134 360 113

You are not required to provide your tax file number. Declining to quote your tax file number is not an offence. However, if you do not give your superannuation fund your tax file number, either now or later:

- You may pay more tax on your superannuation benefits than you have to (you will get this back at the end of the financial year in your income tax assessment); and
- It may be more difficult to find your superannuation benefit if you change address without notifying your fund or to amalgamate any multiple superannuation accounts.

I understand that under the terms of the Trust Deed, my benefit in the event of my death shall be paid to any one or more of my dependants or, if in the opinion of the Trustee there are no such Dependants, then my personal legal representative. I would like the Trustee to know that if it were my decision, I would prefer to distribute my benefit to the following persons in the proportions indicated.

Person's full name Address Relationship %

Jim Lazarou Killara Rd Gura Husband 100%

Declaration

- I accept the Trustee of the Fund will protect my interests in the Fund in accordance with the terms of the Trust Deed;
- I agree to be bound by the Trust Deed (as amended from time to time);
- I accept there are no guarantees to the amount of benefit to which I shall be entitled;
- I declare that I am eligible to become a member of the Fund;
- I hereby declare that the contents of this Application are true and accurate.

Member Signature: Date: 12/12/07.