

Application for Membership

Name of Fund: Owen Superannuation Fund

Member Name: OWEN Helen Patricia
(Minor's Name if on behalf of minor)

Address: 346 Crossmaglen Road
Bonville NSW 2441

Date of Birth: 17/03/46

Occupation:

Telephone:

Fax:

Contributing Employer(s):

Address:

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

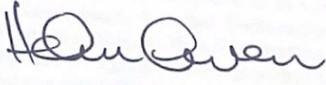
* I apply as the parent or guardian of and on behalf of the minor referred to above.

I understand that my membership is subject to terms and conditions specified in the Trust Deed governing the Fund.

This application is accompanied by a Product Disclosure Statement.

I nominate and agree to the Trustee named in the Deed acting as Trustee.

I have received from the Trustee a notice containing information needed for the purpose of understanding the main features of the fund, its management and financial condition and investment performance. (The Trustee must attach these if the member is joining at a time other than when the fund is established).

Signed: 

Dated: 8/09/2007

**If you want to make a Death Benefit Nomination
complete Pages 2 & 3 (Binding) or Page 4 (Non-Binding)**

* Delete if inapplicable
supppm1

Application for Membership With Binding Death Benefit Nomination

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N.B. Complete Pages 2 & 3 only if you want to make a Binding Death Benefit Nomination.

Binding Death Benefit Nomination

Important Information about Binding Directions

The operation of the Fund, of which you are a member or are being invited to be a member, is governed by a document called a Trust Deed. The Trustee of the Fund is bound to act in accordance with the requirements of the Trust Deed in administering the Fund. Under the Trust Deed, the Trustee has a discretion to decide whether, in the event of your death, to pay the death benefit, which is payable to your estate and/or to dependants of yours, and in what proportions. However, the Trust Deed also enables you to override the Trustee's discretion by you giving a binding direction to the Trustee. This is a direction to the Trustee to pay any death benefit payable either to your estate or to dependants specified by you (or both) and in the proportions that you specify. You may either elect for the Trustee to exercise the discretion given to it to decide who to pay your benefit to, in the event of your death, or you can give a binding direction to the Trustee by completing the direction in this Nomination.

Important Points about Binding Directions

If you decide to give a binding direction by completing this Nomination, it is important for you to note the following:

1. You can only direct the Trustee to pay the benefit either to your estate or to the dependants that you specify on this Nomination (or both).

2. If you wish to give such a direction to the Trustee, you must specify the percentage of your total death benefit which is to be paid to each of the estate or your dependants, or both.

3. You can confirm, amend or revoke this Nomination at any time by giving written notice to the Trustee.

4. The direction that you give automatically ceases to have any effect 3 years after the date on which you sign and date this Nomination. If the direction ceases to have effect, the Trustee will have a discretion to decide who to pay the death benefit to.

5. If, on this Nomination, you direct the Trustee to pay any part of your death benefit to a person who is not a dependant (as described below), your direction will be void and of no effect and the Trustee will be required to decide to whom to pay your death benefit.

6. For the purposes of the Trust Deed, a dependant is:

- * a spouse of a Member
- * any children of a Member

- * any other person (whether related to the Member or not) with whom the Member has an interdependency relationship.

"Spouse" includes a de facto spouse and "children" includes step-children, adopted and ex-nuptial children.

An "interdependency relationship" is a close personal relationship between two people (whether or not related) who live together, where one or both provides the other with financial and domestic support and personal care. An interdependency relationship also exists where there is a close personal relationship between two people but who do not satisfy all the other criteria of an interdependency relationship because either or both of them suffer from a physical, intellectual or psychiatric disability.

If you have any doubt as to whether a person you wish to nominate to receive any part of your death benefit is a dependant, you should seek advice from the Trustee before completing this Nomination.

7. For this Nomination to be effective, it must be signed and dated by you in the presence of 2 witnesses who are both at least 18 years old and neither of the witnesses can be a person who you have nominated to receive a part of your death benefit.

Important Information for Completion

1. In order for this Nomination Notice to be valid, it must be fully completed in accordance with the details below:

- * Ensure the Nomination, Member Declaration and Witness Declaration are completed.

- * The beneficiaries named in this Nomination must be dependants and/or your Legal Personal Representative.

Your Legal Personal Representative is either the person named as your executor in your will, or, if you do not have a valid will at the date of your death, the person who applies for and has been granted letters of administration for your estate.

Should you wish to nominate your legal personal representative, please write 'Legal Personal Representative' as the name of the beneficiary.

- * For each person nominated, you must provide both their relationship to you and the proportion of any benefit that is to be paid to each.

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With Binding Death Benefit Nomination
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- * The Nomination must be signed and dated by you in the presence of two witnesses aged 18 years or over. Both witnesses must also provide their date of birth, sign and date the Nomination. It is important to note that the witnesses cannot be persons nominated as beneficiaries.
- 2. If any of this information is not provided, then your Nomination may be invalid. The Trustee will contact you for clarification if this is the case.
- 3. It is not compulsory to complete this Nomination. Details of who a death benefit will be paid to in the situation where there is no valid Nomination can be found in the Member Information document.

Nomination of Dependants

Name	Relationship to You	Proportion of Benefit
KERRY A. OWEN	HUSBAND	100%

Member Declaration

I, HELEN P. OWEN of 194 LINDEN AVE BOAMBEE EAST NSW

as a member of the Fund, direct the Trustee/s to pay my death benefit to the following persons in the proportions shown.

I understand that:

- * I can amend or revoke this Nomination at any time by providing a new nomination signed and dated by myself in the presence of two witnesses who are aged 18 years or over;
- * Unless amended or revoked earlier, this Nomination is binding on the Trustee for a period of 3 years from the date it is first signed or last confirmed;
- * This Nomination revokes and amends any previous notice supplied to the Trustee nominated beneficiaries;
- * If this Nomination is not correctly completed, it may be invalid;
- * If I have nominated persons who are not "dependants" as explained above, this Nomination will be void and of no effect and the Trustee will have a discretion as to who to pay to and in what proportion.

I acknowledge that I have been provided with information by the Trustee of the Fund and I understand my rights to direct the Trustee to pay my Death Benefit in accordance with this Nomination.

Signature of Member:

Date:

Witness Declaration

We declare that:

- * this Nomination was signed by the member in our presence;
- * we are aged 18 or more; and
- * we are not named as beneficiaries.

Signature of Member:

Date:

Signature of Witness:
Print Name of Witness:
Witness Date of Birth:

Date:

Signature of Witness:
Print Name of Witness:
Witness Date of Birth:

Date:

RENEW EVERY 3 years
1E SEPT 2020

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Page 3**

- * The Nomination must be signed and dated by you in the presence of two witnesses aged 18 years or over. Both witnesses must also provide their date of birth, sign and date the Nomination. It is important to note that the witnesses cannot be persons nominated as beneficiaries.
- 2. If any of this information is not provided, then your Nomination may be invalid. The Trustee will contact you for clarification if this is the case.
- 3. It is not compulsory to complete this Nomination. Details of who a death benefit will be paid to in the situation where there is no valid Nomination can be found in the Member Information document.

Nomination of Dependants

Name	Relationship to You	Proportion of Benefit
KERRY A. OWEN	HUSBAND	100%

Member Declaration

I, HELEN P. OWEN of 346 CROSSMAGLEN RD BONVILLE NSW

as a member of the Fund, direct the Trustee/s to pay my death benefit to the above persons in the proportions shown.

I understand that:

- * I can amend or revoke this Nomination at any time by providing a new nomination to the Trustee of the Fund, signed and dated by myself in the presence of two witnesses who are aged 18 years or over;
- * Unless amended or revoked earlier, this Nomination is binding on the Trustee for a period of 3 years from the date it is first signed or last confirmed;
- * This Nomination revokes and amends any previous notice supplied to the Trustee of the Fund in regard to my nominated beneficiaries;
- * If this Nomination is not correctly completed, it may be invalid;
- * If I have nominated persons who are not "dependants" as explained above, the direction contained in the Nomination will be void and of no effect and the Trustee will have a discretion as to whom the benefit is payable and in what proportion.

I acknowledge that I have been provided with information by the Trustee of the Fund that enables me to understand my rights to direct the Trustee to pay my Death Benefit in accordance with this Nomination.

Signature of Member: *Helen Owen* Date: 08.09.2007

Witness Declaration

We declare that:

- * this Nomination was signed by the member in our presence;
- * we are aged 18 or more; and
- * we are not named as beneficiaries.

Signature of Member: *Helen Owen* Date: 08.09.2007

Signature of Witness: *Rosemary Hagan* Date: 8.9.2007

Print Name of Witness: ROSEMARY HAGAN

Witness Date of Birth: 27.08.1950

Signature of Witness: *T.N. Hagan* Date: 08.09.2007

Print Name of Witness: T.N. HAGAN

Witness Date of Birth: 19.02.1940