

SCHEDULE A: APPLICATION FOR MEMBERSHIP

NAME OF FUND: ABBOTT SUPERANNUATION FUND

Mr/Mrs/Miss/Ms/Other Elizabeth Abbott

HOME ADDRESS: 74 Golfers Parade
PYMBLE NSW 2073

DATE OF BIRTH: 20 / 09 / 1953
(DAY) (MONTH) (YEAR)

NAME OF EMPLOYER: Citibank Ltd

OCCUPATION: Quality Manager

Do you wish to transfer benefits received on termination of a prior employment or from a Superannuation Scheme, Approved Deposit Fund or Annuity Fund?

.....
(YES/NO)

I hereby apply for admission as a Member of the Fund and I undertake to be bound by all the terms and conditions of the Trust deed constituting the Fund and relating thereto and any future variations, amendments or modifications lawfully made from time to time.

I declare that the above information is correct in every particular and acknowledge that the Trustee and other persons will rely upon it and that such information forms the basis upon which my entitlement under the Fund may be calculated. To the extent that any misdescription or error (whether innocent or not) gives rise to a liability or loss upon the Trustees or the Fund I hereby personally indemnify that liability or loss. I undertake to promptly provide the Trustee with such further information as they may require.

E. Abbott
SIGNED - Elizabeth Abbott

2/9/98
.....
DATED

TRUSTEE USE ONLY

Approval of Trustee:

2 / 9 / 98
..... / /

J. G. Abbott
.....
John Graham Abbott
(on behalf of the Trustee)

SCHEDULE B

MEMBERS NOTIFICATION OF PREFERRED BENEFICIARIES

To: The Trustee
Abbott Superannuation Fund

I understand that in the event of my death the Trustee may refer to this Notice of Preferred Beneficiaries to determine such of my Dependants to whom the death benefit will be paid from the Fund.

I also understand that this Notice of Preferred Beneficiaries is optional and not binding on the Trustee unless I have elected my Legal Personal Representative and elected for it to be binding.

Full Name and address of Preferred Beneficiary	Relationship	% of Member's Death Benefit	* Nature of Benefit Lump Sum or Annuity
My estate		100	lump sum

If you have elected "your estate", do you wish it to be binding Yes No

This preference replaces any previous preference I may have expressed.

Signature: E. Abbott
Elizabeth Abbott

Date: 2/9/98

* Mark desired nature of benefit

NB. You may nominate your estate in which event please write "my Estate". If you elect your estate you must ensure that your Will will direct your superannuation entitlements as appropriate. I acknowledge that this statement signed by me is not a testamentary disposition and is therefore not acceptable of being admitted to Probate or Letters of Administration or otherwise.

74 Golfers Parade
PYMBLE NSW 2073

The Trustees
Abbott Superannuation Fund
74 Golfers Parade
PYMBLE NSW 2073

Dear Sirs,

ABBOTT SUPERANNUATION FUND

As a member of the above Fund at the date of establishment unless and until notified by me to the contrary I hereby consent to the Trustees of the Fund being Addison Services Pty Ltd.

Yours faithfully,

E. Abbott

Elizabeth Abbott

Dated:

2/9/98