

Trustee Consent Form

Pat Sheppard Superannuation Fund

I/We : Patricia Anne Sheppard
Wendy Jane Lowien

HEREBY DECLARE THAT

- 1 (a) I have never been found guilty of a dishonest conduct offence in Australia or elsewhere.
 - (b) I am not an insolvent under administration under the Bankruptcy Act 1966;
 - (c) I am not disqualified from acting as trustee or as a responsible officer of a trustee company under the Superannuation Industry (Supervision) Act;
 - (d) I have not at any time been prohibited from managing a corporation under State or Federal order; and
 - (e) I have not at any time been convicted of an offence relating to the management of a corporation under the Corporations Act or convicted of an offence involving serious fraud.
-
- 2 I consent to act as trustee of the Fund

7.09.2006.
Date

Pat Sheppard.
Signature

W Lowien
Signature

Application for Membership

Pat Sheppard Superannuation Fund

Member details	
Name:	Patricia Anne Sheppard
Address:	51 Woongarra Scenic Drive, BARGARA, QLD 4670
Date of Birth	04/05/1947

I hereby apply to become a member of Pat Sheppard Superannuation Fund

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



 SIGNATURE

 DATED

Employer details (Optional)
Employer:
Address:

Nomination of dependants (Optional)

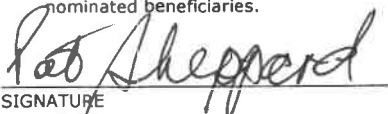
Important information for completion
<p>1. This Nomination Notice is not binding. The Trustee/s will take it into account in the event that a benefit is paid from the Fund on your death. However, the Trustee/s have complete discretion as to which of your Dependants and/or Legal Personal Representative may receive the benefit and in what proportions. If there are no Dependants or Legal Personal Representative, the benefit may be payable to any other person.</p> <p>2. This Nomination Notice must be fully completed in accordance with the details below: Ensure both pages of this Notice are completed. The Beneficiaries named in this Notice must be Dependants and/or your Legal Personal Representative. Your Dependants are your spouse, de facto spouse and your children (including step, adopted and ex-nuptial children), and any other person financially dependent upon you at the time of your death. 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, as your next of kin, 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 relationships to you and the proportion of any benefit that is to be paid to each.</p>

Nomination of dependants (Optional)		
Name	Relationship to you	Proportion of benefit

Member declaration

I, **Patricia Anne Sheppard** of **51 Woongarra Scenic Drive, BARGARA, QLD 4670** as a member of the Fund, request the Trustee/s to pay my death benefit to the above persons in the proportions shown.

I understand that:
 in the event of my death, the Trustee/s have complete discretion as to which of my dependants and/or estate will receive any death benefit payable.
 this Notice revokes and amends any previous notice supplied to the Trustee/s of the Fund in regard to my nominated beneficiaries.



 SIGNATURE

 DATED

Binding Death Benefit Nomination ("Binding Nomination")

PAT SHEPPARD SUPERANNUATION FUND

I, Patricia Sheppard of 51 Woongarra Scenic Drive, BARGARA QLD 4670 as a Member of the Fund, hereby direct the Trustee to pay my Benefits in the Fund on or after my death as follows:

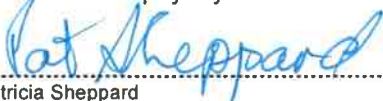
Name	Relationship	Form of payment (lump sum or pension)*	% of benefit
Wendy Jane Lowick	Daughter	Lump Sum	52%
Garry Robert Sheppard	SON.	Lump Sum	48%
Total			100%

* failure to make a selection for form of payment or making an invalid selection for form of payment will not invalidate this Binding Nomination and the form of payment will be at the Trustee's discretion.

I understand that:

- This Binding Nomination revokes any previous Binding Nomination I have made;
- I can amend or revoke this Binding Nomination at any time by providing a new signed and dated Binding Nomination to the Trustee or providing written notice of the revocation to the Trustee;
- unless amended or withdrawn earlier, this Binding Nomination is binding on the Trustee for an indefinite term unless I have stipulated otherwise;
- this Binding Nomination is deemed invalid if completed incorrectly; and
- I have nominated persons who are "Dependants" and/or my Legal Personal Representative ("LPR") as outlined in the Fund Rules. If the persons I have nominated are not my Dependants and/or LPR this Binding Nomination will not be valid and my Trustee will assume sole discretion for the payment of my Benefits following my death.

I acknowledge that I have received information from the Trustee that explains my rights to direct the Trustee to pay my death Benefit in accordance with this Binding Nomination.


Patricia Sheppard

8 / 9 / 16
Date

Witness Declaration

We declare that we are aged 18 years or more, not listed as beneficiaries above and this Binding Nomination was signed by the Member in our presence.


Signature of Witness 1

8 / 9 / 16
Date


Signature of Witness 2

8 / 9 / 16
Date

Application for Membership

Pat Sheppard Superannuation Fund

Member details	
Name:	Wendy Jane Lowien
Address:	221 Littabella Siding , Yandaran, QLD 4673
Date of Birth	30/03/1971

I hereby apply to become a member of Pat Sheppard Superannuation Fund

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

W Lowien

 SIGNATURE

 DATED

Employer details (Optional)
Employer:
Address:

Nomination of dependants (Optional)

Important information for completion
<p>1. This Nomination Notice is not binding. The Trustee/s will take it into account in the event that a benefit is paid from the Fund on your death. However, the Trustee/s have complete discretion as to which of your Dependants and/or Legal Personal Representative may receive the benefit and in what proportions. If there are no Dependants or Legal Personal Representative, the benefit may be payable to any other person.</p> <p>2. This Nomination Notice must be fully completed in accordance with the details below: Ensure both pages of this Notice are completed. The Beneficiaries named in this Notice must be Dependants and/or your Legal Personal Representative. Your Dependants are your spouse, de facto spouse and your children (including step, adopted and ex-nuptial children), and any other person financially dependent upon you at the time of your death. 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, as your next of kin, 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 relationships to you and the proportion of any benefit that is to be paid to each.</p>

Nomination of dependants (Optional)		
Name	Relationship to you	Proportion of benefit

Member declaration

I, **Wendy Jane Lowien** of **221 Littabella Siding , Yandaran, QLD 4673**
 as a member of the Fund, request the Trustee/s to pay my death benefit to the above persons in the proportions shown.

I understand that:
 in the event of my death, the Trustee/s have complete discretion as to which of my dependants and/or estate will receive any death benefit payable.
 this Notice revokes and amends any previous notice supplied to the Trustee/s of the Fund in regard to my nominated beneficiaries.

 SIGNATURE

 DATED