

NOTICE OF CONSENT TO ACT AS TRUSTEE

1. CHRISTOPHER JOHN ROBERTS

hereby consent to act as a Trustee of The C J & K A Roberts Family Superannuation Fund.

(a) I confirm that I have not at any time

(i) been convicted of an offence against or arising out of a law of the Commonwealth, a State, a Territory, or a foreign country, being an offence in respect of dishonest conduct; or

(ii) had a civil penalty order made against me.

(b) I am not currently an insolvent under administration.

Dated this 1st day of July 1996.

Signature X.....

CHRISTOPHER JOHN ROBERTS

NOTICE OF CONSENT TO ACT AS TRUSTEE

2. KYM ARLENE ROBERTS

hereby consent to act as a Trustee of The C J & K A Roberts Family Superannuation Fund.

(c) I confirm that I have not at any time

(i) been convicted of an offence against or arising out of a law of the Commonwealth, a State, a Territory, or a foreign country, being an offence in respect of dishonest conduct; or

(iii) had a civil penalty order made against me.

(d) I am not currently an insolvent under administration.

Dated this 1st day of July 1996.

Signature. .....
KYM ARLENE ROBERTS

APPLICATION FOR MEMBERSHIP

Name of Fund: C.J. & K.A. Roberts Family Superannuation Fund

Member's Name: Christopher John
Roberts

(Minor's Name if on behalf of minor)

Address:
17 Christine Street
EAST ROSANNA VIC 3084

Date of Birth: 17/10/1961

Occupation:

Telephone:

Fax:

Tax File Number.

Contributing Employer(s):

I hereby apply to become a Member of the above-mentioned Fund.

- I apply as the parent or guardian of and on behalf of the minor referred to
above. (Delete if Inapplicable)

I understand that my membership is subject to terms and conditions specified in the Governing
Rules.

This application is accompanied by a Product Disclosure Statement.

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: 1/7/1996



APPLICATION FOR MEMBERSHIP

Name of Fund: C.J. & K.A. Roberts Family Superannuation Fund

Member's Name: Kym Arlene Roberts

(Minor's Name if on behalf of minor)

Address:
17 Christine Street
EAST ROSANNA VIC 3084

Date of Birth: 07/04/1971

Occupation:

Telephone:

Fax:

Tax File Number.

Contributing Employer(s):

I hereby apply to become a Member of the above-mentioned Fund.

• I apply as the parent or guardian of and on behalf of the minor referred to above. (Delete if Inapplicable)

I understand that my membership is subject to terms and conditions specified in the Governing Rules.

This application is accompanied by a Product Disclosure Statement.

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:

X 

Dated: 1/7/1996

