

SCHEDULE A: APPLICATION FOR MEMBERSHIP

NAME OF FUND: COPPABELLA SUPERANNUATION FUND

Mr/Mrs/Miss/Ms/Other Osborne
(SURNAME)

Caroline Jane
(GIVEN NAMES)

HOME ADDRESS: 1705/168 Kent Street

SYDNEY NSW 2000
(SUBURB) (STATE) (POSTCODE)

DATE OF BIRTH: 20 05 1961
(DAY) (MONTH) (YEAR)

NAME OF EMPLOYER: NEW VALUE P/L


OCCUPATION: ADMINISTRATOR / PROJECT 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?

No
(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
Trustees 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 Trustees
with such further information as they may require.


SIGNED

10/31/1997
DATED

EMPLOYER'S/TRUSTEES' USE ONLY

Approval of Employer (if any):

..... / /

.....
(on behalf of the Employer)

Approval of Trustees:

..... / /

.....
(on behalf of the Trustees)

SCHEDULE B
MEMBERS NOTIFICATION OF PREFERRED BENEFICIARIES

To: The Trustees
COPPABELLA SUPERANNUATION FUND

I understand that in the event of my death the Trustees 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 Trustees unless I have elected my Legal Personal Representative and elected for it to be binding.

<u>Full Name and Address</u> <u>of Preferred</u> <u>Beneficiary</u>	<u>Relationship</u>	<u>% of Member's</u> <u>Death Benefit</u>	<u>* Nature of</u> <u>Benefit</u> <u>Lump Sum or Annuity</u>

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:

Date: 10/31/1997

* 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.