APPLICATION FOR MEMBERSHIP

To:	The Trustee,	THE	STEWART	OCIVER	SUPERAN	unnow	Find
I hereb	y apply for admissi						
I agree	and undertake as fo	ollows:					
(a)	I understand the terms and conditions of the Trust Deed and I acknowledge I have been informed of my rights and the rights of my Dependants pursuant to the Deed.						
(b)	I will be bound by the provisions of the Deed governing the Fund.						
(c)	I am not nor have been a member of any superannuation fund nor have an interest in any Approved Deposit Fund or Rollover Annuity other than as disclosed on the reverse of this Application.						
(d)	I will make a full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other superannuation fund, Approved Deposit Fund or Roll Over Annuity.						
(e)	I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Deed.						
(f)	I consent to the Trustee acting as Trustee of the Fund.						
(g)	In the event of my death, I nominate the following persons as my Nominated Dependants:- (Note - a nomination is not necessary and if made must be reviewed from time to time.)						
NAME	ADDRESS			RELAT	IONSHIP	TO	CENTAGE OF FAL BENEFIT ED AMOUNT
Dated the	150	·····		day of	ADRIC	2003	
Name:			LAULES				
Address:	ddress: P.O. Box 33						
	Words	1 1+10	CS WA	6603			
Signature:	SC / SC	ll	lei				