

APPLICATION FOR MEMBERSHIP

Name of Fund: Sette Superannuation Fund

Member's Name: Silvio Sette (Minor's
Name if on behalf of minor)

Address:
13 Sunburst Avenue
NORTH BAWLYN VIC 3104

Date of Birth: 15/10/1969

Occupation:

Telephone:

Fax:

Tax File Number. 171-017-502

Contributing Employer(s):

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

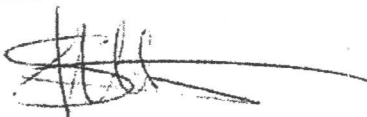
• I apply as the parent or guardian of and on behalf of the minor referred to
above. (Delete if inapplicable)

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:

18/5/04