

DELOBRIEN SUPERANNUATION FUND

APPLICATION FOR MEMBERSHIP
CONFIDENTIAL

1. I hereby apply for admission to membership of the Fund.
2. I state I am eligible to be admitted as a member of the Fund and (if the Fund is a self managed fund) appointed a Trustee (or a director of a corporate Trustee).
3. I agree as follows:
 - (a) I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
 - (b) I understand the terms and conditions of the Trust Deed, including the benefits payable, my rights and the rights of my Dependants.
 - (c) I consent to the Trustee acting as Trustee of the Fund.
 - (d) I agree and consent (if the Fund is a self managed fund) to be appointed a Trustee or a director of the corporate Trustee and declare I am eligible to be so appointed pursuant to law.
 - (e) I agree to give to the Trustee my details (including my Tax File Number), or obtain them from my Employer.
 - (f) I agree to give any other information the Trustee may require for the purposes of the Fund.

Dated the 8th day of November 2010

Name: Sharon Monique De Longville

Address: 52 Stoneham Road, Attadale, WA 6156

Occupation: Pharmacist

Date of Birth: 31/12/1966

TFN: 143 437 481

Signature: 

Date: 8/11/2010

NOMINATED DEPENDANT(S)

I nominate the following persons as my Nominated Dependants (and acknowledge this is not a binding nomination):

NAME	RELATIONSHIP	% OF TOTAL BENEFIT
CARA JAY O'BRIEN	DAUGHTER	50
KAELEE MONIQUE O'BRIEN	DAUGHTER	50