

SCHEDULE B  
APPLICATION FOR MEMBERSHIP

CONFIDENTIAL

To: The Trustee,  
ASKFIVE SUPER FUND

Re: Membership

I, the undersigned person, being eligible hereby apply for admission to membership of the Fund.

I agree and undertake as follows:

- (i) I will be bound by the Trust Deed governing the Fund as it is or may be by variation from time to time.
- (ii) 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, Roll Over Annuity or employer when requested to do so.
- (iii) I understand the terms and conditions of the Trust Deed and more particularly the terms and conditions of Division B of the Deed concerning benefits payable and I acknowledge I have been informed of my rights and the rights of my Dependants pursuant to the Deed.
- (iv) I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Deed.
- (v) I consent to the Trustee acting as Trustee of the Fund.
- (vi) I declare that to the extent that I have completed the Attachment, the information contained in the Attachment is accurate in every respect.

Dated the 1st day of June 1992

Name: Joan Ethel Britnell ..... *JB Britnell* .....  
Signature

Address: 542 Scrub Rd Theebine .....  
Occupation: .....

QLD 4570 .....  
Date of Birth: 16/10/1941 .....

Membership Class: .....

MY/0692/230

SCHEDULE B (CONT'D)  
ATTACHMENT

NOMINATED DEPENDANT(S)

I nominate the undermentioned persons as my Nominated Dependants:

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF TOTAL BENEFIT
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PART 1

DETAILS OF OTHER FUND OR PLAN MEMBERSHIPS

1. Total Number of other Plans or Funds or Annuities ( )

2. Name of other Plan or Fund or Annuity

3. Trustees

4. Address of Trustees

5. Value of Accumulation Account or Members Credit  
of Benefit presently applicable to Applicant \$

6. Value of Preserved Benefit (including  
Productivity Benefit) \$

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SCHEDULE B (CONT'D)  
ATTACHMENT

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PART 2

DETAILS OF AMOUNTS (NOT BEING ROLL OVERS) FROM  
SUPERANNUATION FUNDS, PENSION FUNDS, APPROVED DEPOSIT FUNDS,  
ROLL OVER ANNUITIES AND EMPLOYERS AFTER 15 FEBRUARY 1990

\* Total number of such amounts previously received ( )

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Amount received	\$	Date:
Name of Employer, Superannuation Fund, Approved Deposit Fund, Deferred Annuity		

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PART 3

FOR ANY PLANS, FUNDS OR ANNUITIES LISTED IN  
PARTS 1 OR 2 PLEASE COMPLETE DETAILS

1. (a) Was the Plan, Fund or Annuity  
Employment Related? YES/NO

(b) Was the Plan, Fund or Annuity  
a personal arrangement: YES/NO

What date did you join?

The            day of            19

YEAR                      AMOUNT

2. List details of any undeducted  
contributions made after 30 June 1983  
being contributions made by you and  
not claimed for income tax purposes.