

APPLICATION FOR MEMBERSHIP

OF

FURZER FAMILY SUPER FUND

Full Name: Lynne Furzer

Address: 5 Aubrey Place
BEROWRA NSW 2081

Date of Birth: 06/11/1964

Sex: Female

- I hereby apply to become a member of the abovementioned Fund.
I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death, disablement or termination of service with my Employer.
In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the Trust Deed governing the Fund and I declare that I am not entitled to a deferred annuity and I am not a member of any other superannuation fund or approved deposit fund nor have I received benefits from any such fund, other than the following:-

(Full details to be provided to Trustee)

I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund. (Delete if not applicable)

My tax file number is and I hereby authorise my Trustee(s) to use this tax file number for the purposes of administering the Fund and the payment of my benefits.

NOMINATION OF BENEFICIARIES

In the event of my death it is my wish that my benefits shall be paid to the following persons in the proportions stated below.

Table with 3 columns: Name and Address, Relationship to Member, Proportion of benefit. Includes percentage symbols in the third column.

Dated this 8th day of November 2001.

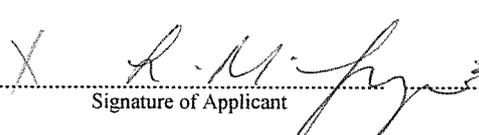
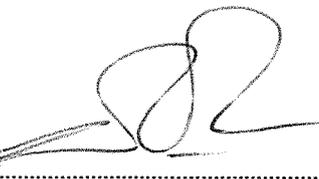
Signatures of Applicant, Witness 1, and Witness 2.

BINDING BENEFICIARY NOMINATION:

The above nomination to be a binding beneficiary nomination binding the trustee to pay the benefits as prescribed above YES / NO

- *Delete which is not applicable. If Yes Proceed to Execution Box A. The applicant and witnesses should also sign at the foot of each page.*
- *If No, Proceed to Execution Box B.*
- *If no election made, the default response shall be NO.*
- *Please read the following table carefully concerning the type of nomination.*

Binding Beneficiary Nomination	Non-Binding Beneficiary Nomination
<p>A valid properly executed binding beneficiary nomination is binding on the Trustee provided it is no more than three years since the date of signing of such nomination or such lesser period as prescribed in superannuation trust deed and rules. Please note that the trust deed and rules for the fund provide that a binding beneficiary nomination expires prior to three years in the event a Member divorces a beneficiary who was a nominated spouse under the binding beneficiary nomination form (ie. upon the decree nisi for such marriage being made).</p>	<p>The Trustee may take into account your wishes but is not be bound by your nomination.</p>
<p>Advantages:-</p> <ul style="list-style-type: none"> • Certainty for estate planning purposes. • Nomination may be varied through the provision of a new form of binding beneficiary nomination to the Trustee(s) executed in accordance with the requirements of the Superannuation Industry (Supervision) Act legislation. 	<p>Advantages:-</p> <ul style="list-style-type: none"> • Trustee(s) may exercise discretion at the relevant time for payment of the benefits which is tax effective. A person who was previously a dependant may no longer be a dependant and so the benefits may be taxed at the highest rates.
<p>Disadvantages:-</p> <ul style="list-style-type: none"> • Costly taxation consequences where a person who was a dependant at the time of the binding beneficiary nomination is no longer a dependant when the nomination takes effect. 	<p>Disadvantages:-</p> <ul style="list-style-type: none"> • No certainty for payment of benefits in conformity with wishes of the Member because the Trustee(s) has/have a discretion for the application of the benefits.
<p align="center">A PERSON SHOULD OBTAIN PROFESSIONAL ADVICE CONCERNING THE NOMINATION OF BENEFICIARIES INCLUDING THE TYPE OF BENEFICIARY NOMINATION FORM TO BE PROVIDED.</p>	

LF




X
Signature of Applicant
Witness 1
Witness 2

EXECUTION BOX A - FOR BINDING BENEFICIARY NOMINATION

I agree to the above terms and acknowledgments as detailed above. Furthermore I provide the authorities as detailed above.

Dated this Eight day of November 2001.

Signed by the Applicant/ Member in the sight and presence of the following two adult witnesses who are not nominated persons referred to above.

L.F.
X R.M. [Signature]
Applicant/Member

Caris [Signature]
Witness 1: (Please Print Name) Witness (Signature)

524 Pittman Rd., Noen May
Address of Witness

D. [Signature]
Witness 2: (Please Print Name) Witness (Signature)

37 Morgan Road, Pelouse
Address of Witness

EXECUTION BOX B - FOR NON - BINDING BENEFICIARY NOMINATION

I agree to the above terms and acknowledgments as detailed above. Furthermore I provide the authorities as detailed above.

Dated this _____ day of _____ 2001.

Signed by the Applicant/ Member in the presence of :

) _____
) Applicant/Member
)

Witness : (Please Print Name) Witness (Signature)

Address of Witness

L.F.
X R.M. [Signature] [Signature] [Signature]
Signature of Applicant Witness 1 Witness 2

APPLICATION FOR MEMBERSHIP

OF

FURZER FAMILY SUPER FUND

Full Name: Darren Furzer

Address: 5 Aubrey Place
BEROWRA NSW 2081

Date of Birth: 27/08/1966

Sex: Male

- I hereby apply to become a member of the abovementioned Fund.
I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death, disablement or termination of service with my Employer.
In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the Trust Deed governing the Fund and I declare that I am not entitled to a deferred annuity and I am not a member of any other superannuation fund or approved deposit fund nor have I received benefits from any such fund, other than the following:-

(Full details to be provided to Trustee)

I hereby authorise my current Employer to deduct from my salary such amounts (if any) as are from time to time agreed upon by myself and my employer as contributions to be made by me to the abovementioned Fund. (Delete if not applicable)

My tax file number is and I hereby authorise my Trustee(s) to use this tax file number for the purposes of administering the Fund and the payment of my benefits.

NOMINATION OF BENEFICIARIES

In the event of my death it is my wish that my benefits shall be paid to the following persons in the proportions stated below.

Table with 3 columns: Name and Address, Relationship to Member, Proportion of benefit. Includes five rows of dotted lines for entries, with percentage symbols in the third column.

Dated this 15th day of November 2001.

Signature of Applicant (Handwritten signature)

Witness 1 (Handwritten signature)

Witness 2 (Handwritten signature)

BINDING BENEFICIARY NOMINATION:

The above nomination to be a binding beneficiary nomination binding the trustee to pay the benefits as prescribed above YES / NO

- *Delete which is not applicable. If Yes Proceed to Execution Box A. The applicant and witnesses should also sign at the foot of each page.*
- *If No, Proceed to Execution Box B.*
- *If no election made, the default response shall be NO.*
- *Please read the following table carefully concerning the type of nomination.*

Binding Beneficiary Nomination	Non-Binding Beneficiary Nomination
<p>A valid properly executed binding beneficiary nomination is binding on the Trustee provided it is no more than three years since the date of signing of such nomination or such lesser period as prescribed in superannuation trust deed and rules. Please note that the trust deed and rules for the fund provide that a binding beneficiary nomination expires prior to three years in the event a Member divorces a beneficiary who was a nominated spouse under the binding beneficiary nomination form (ie. upon the decree nisi for such marriage being made).</p>	<p>The Trustee may take into account your wishes but is not be bound by your nomination.</p>
<p>Advantages:-</p> <ul style="list-style-type: none"> • Certainty for estate planning purposes. • Nomination may be varied through the provision of a new form of binding beneficiary nomination to the Trustee(s) executed in accordance with the requirements of the Superannuation Industry (Supervision) Act legislation. 	<p>Advantages:-</p> <ul style="list-style-type: none"> • Trustee(s) may exercise discretion at the relevant time for payment of the benefits which is tax effective. A person who was previously a dependant may no longer be a dependant and so the benefits may be taxed at the highest rates.
<p>Disadvantages:-</p> <ul style="list-style-type: none"> • Costly taxation consequences where a person who was a dependant at the time of the binding beneficiary nomination is no longer a dependant when the nomination takes effect. 	<p>Disadvantages:-</p> <ul style="list-style-type: none"> • No certainty for payment of benefits in conformity with wishes of the Member because the Trustee(s) has/have a discretion for the application of the benefits.
<p align="center">A PERSON SHOULD OBTAIN PROFESSIONAL ADVICE CONCERNING THE NOMINATION OF BENEFICIARIES INCLUDING THE TYPE OF BENEFICIARY NOMINATION FORM TO BE PROVIDED.</p>	

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Signature of Applicant Witness 1 Witness 2

EXECUTION BOX A - FOR BINDING BENEFICIARY NOMINATION

I agree to the above terms and acknowledgments as detailed above. Furthermore I provide the authorities as detailed above.

Dated this Eighth day of November 2001.

Signed by the Applicant/ Member in the sight and presence of the following two adult witnesses who are not nominated persons referred to above.

)
) [Signature]
)
Applicant/Member

Chris Newell
Witness 1: (Please Print Name) Witness (Signature)

524 Pittwater Rd., New Moresby
Address of Witness

D. Nelson
Witness 2: (Please Print Name) Witness (Signature)

Orange Road, Belrose
Address of Witness

EXECUTION BOX B - FOR NON - BINDING BENEFICIARY NOMINATION

I agree to the above terms and acknowledgments as detailed above. Furthermore I provide the authorities as detailed above.

Dated this _____ day of _____ 2001.

Signed by the Applicant/ Member in the presence of : _____)
_____)
_____)
Applicant/Member

Witness : (Please Print Name) Witness (Signature)

Address of Witness

[Signature]
Signature of Applicant

[Signature]
Witness 1

[Signature]
Witness 2

FURZER FAMILY SUPER FUND

REGISTER OF MEMBERS

Name: Darren Furzer
 Address: 5 Aubrey Place
 BEROWRA NSW 2081
 Date of Birth: 27/08/1966
 Sex: Male
 Date of Entry as a Member: 8/11/01
 Date Joined Company:

Year Ended					
Current Salary					
Opening Balance					
Death Benefit					
Other Benefits					
Benefits Previously Rec'd					
Contributions (Employer)					
Contributions (Member)					
Benefits Tfd In					
Forfeited Benefits Rec'd					
Investment Income					
Insurance Payments					
Expenses					
Tax					
Insurance Premiums					
Benefits Paid					
Benefits Forfeited					
Accumulated Contributions					

FURZER FAMILY SUPER FUND

REGISTER OF MEMBERS

Name: Lynne Furzer
 Address: 5 Aubrey Place
 BEROWRA NSW 2081
 Date of Birth: 06/11/1964
 Sex: Female
 Date of Entry as a Member: 8/11/01
 Date Joined Company:

Year Ended					
Current Salary					
Opening Balance					
Death Benefit					
Other Benefits					
Benefits Previously Rec'd					
Contributions (Employer)					
Contributions (Member)					
Benefits Tfd In					
Forfeited Benefits Rec'd					
Investment Income					
Insurance Payments					
Expenses					
Tax					
Insurance Premiums					
Benefits Paid					
Benefits Forfeited					
Accumulated Contributions					